The Public Health Nurse

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The PUBLIC HEALTH NURSE

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"QUI BONO"

Perhaps throughout the ages no question has been more constantly on the lips of the thoughtful than that fundamental one, which strikes at the roots of everything, "What good is it?" It is asked by the individual seeking to live a worthwhile life. It is asked by groups of individuals giving their lives to the pursuit of an ideal.

Public health nurses, as a group, have always been peculiarly interested in an answer to this question, because inherent in their work are many elements which make evaluation difficult. The results of much that they are doing can only be known when a generation, now in baby clothes, grows to manhood; much of their effort is directed toward a public change of attitude, impossible to estimate; some of their work is inevitably nullified by conditions over which they have no control; and ever and always they are working under those laws of fluctuation, which are unusually active in a movement but just emerging from a pioneer stage. At one time their work is borne forward on a wave of public enthusiasm, and at another retarded, or held up, by an indifference or opposition, for which they are unable to assign a reason.

The chaotic opening of this year, 1931, when unemployment rends the country, and when so much that has been built up seems in a fair way to topple to the ground, is for many nurses a moment of apprehension and discouragement. They are very close to the unemployment problem in its most acute aspect, and to listen daily to the ineffectual cry for work requires courage. Let us therefore, as we enter this new year, take a quiet moment to look back over the thirty years of the century and try to see whether all that

we have been striving for has produced anything worth while; whether, broadly speaking, we can answer the age old question of "Qui Bono" to our satisfaction.

Since any movement is as strong or as weak as those who are forwarding it, we must first look at the workers. The little handful of nurses who went forth during the closing years of the last century and the first years of the present one, had little of the knowledge that we now consider essential, but their spirit of devotion, their creative ability, and their undaunted courage made of them true leaders. The board members who inaugurated and helped to guide their work, had no "Institutes" to help them, but they too possessed these qualities, as every old report will attest. In these thirty years, as our numbers have advanced and the volume of our work has so overwhelmingly increased, are we losing from the public health movement any of the idealism, devotion and courage with which it was started? A thousand times no. On the contrary hundreds of young women, who in other economic fields might have failed to develop these qualities, are now at work where the daily demand brings about a spiritual development of the highest order. That exceptions exist, none would venture to deny, but I believe nothing has been lost of that early beauty; rather that it has germinated and is bringing forth a thousand fold. We have therefore in the great majority of public health nurses, and in those who serve the cause in other ways, an attitude toward their work which is in itself perhaps one justification for the thing that has developed it.

But of course the worker exists for the work; not the work for the worker, therefore our principal interest must be in accomplishment. That there are literally millions of the sick all over the country who are receiving care that thirty years ago was denied them cannot be questioned. Does it ever occur to the average person to picture what this means? Can you yourself visualize the withdrawal of all bedside nursing as done by visiting nurses, and what it would mean to the people of the country? We are not doing nearly enough, and there are still far too many so deprived now. We must keep pressing forward to lessen this number, but if the sick now being nursed in their homes were the only accomplishment of the public health nurse, surely we can answer that the comfort of skilled care brought into these homes would justify our past thirty years of work.

In the preventive and educational field evaluation is more difficult. Statistics are important, but they are too well known to require repetition. Suffice it to say that death rates have fallen among certain groups; that morbidity has lessened among others, and that in bringing about these reductions, the public health nurse has had an important part. Indeed, without her we know that the public health movement, as at present developing, would be impossible. Nor, is the movement static. As everyone knows, new fields of activity are being entered every year and new means of preparing nurses for these added responsibilities are being sought.

Whatever the future holds, one achievement is ours. We have gained something almost inestimable in its importance; everywhere a ready entrance into the homes of the people. The fact that this is true all over the country is enormously significant, for no one opens the door of his house except to one who brings something wanted.

Those who are in touch with the present economic situation make no secret of its gravity. On the debit side of the social page are many danger points. On the other side, among the assets, some of the leaders in social thought put the public health nurse. They feel that the fact that women with training, experience, and understanding, daily enter the homes of some millions of our people for purposes of helpfulness is a truly important factor in the big issues at stake. It is in such years as these that our true tests come.

In the last thirty years there has been much to help our development and that of our cause; much of sympathetic understanding and backing; something of misunderstanding and opposition. We have passed through the experience of a great war and a devastating epidemic. We have attacked our problem under every conceivable geographic and economic condition, and we are no longer as young and as crude as we were even a few years ago.

These things our movement has to its credit, a vast body of trained, disciplined and devoted workers; a ready entrance into countless homes; a record of very real accomplishment in the alleviation of suffering and in the prevention of disease; a good start in a better promotion of health, and perhaps most important of all a future which is only limited by our own powers of fulfilling its possibilities, for past effort has certainly placed opportunity in our hands. To those then who on this first of January, 1931, are asking this pregnant question of "Qui Bono?" I say: It *is* good, it *is* worth while, this thing that we are trying to do.

MARY SEWALL GARDNER, R.N.

THE NEW AND THE OLD

Our conceptions of tuberculosis have undergone radical modification in the development of the campaign against this disease. Some things that were looked upon as "law and gospel" twenty-five years ago, or even fifteen years ago, are today viewed with grave doubt and question, or have been discarded.

Take, for, example, our general hypothesis concerning infection. Twenty to twenty-five years ago it was fondly hoped by enthusiasts in the campaign against tuberculosis that the prevention of promiscuous spitting in public places would have a vast influence in solving the tuberculosis problem. Spirited discussions concerning the relative merits of Cornet's theory of dust-borne infection as contrasted with Pfluegge's theory of droplet infection, were very much in the medical prints of that day. Today, while Cornet's theory has not been discarded, the pendulum has swung more definitely to the Pfluegge theory with emphasis on close contact.

Fifteen years ago the hypothesis of universal infection, based largely upon work in foreign cities by Pirquet, Hamburger, Naegeli and others, was so prevalent that it was accepted as a truth by most of the medical and lay workers in the fight against tuberculosis. By 1915, the theory of childhood infection had begun to receive more or less general acceptance. As a concomitant of this theory, was the generally accepted belief that reinfection from another person in adults was of such relatively rare proportions as to be almost negligible.

The last five to ten years have enlarged our conception of childhood tuberculosis, as well as of related adult infection. The clear delineation of the difference between the childhood type of tuberculosis, as emphasized years ago by Ghon in his discussion of the primary focus of infection and, as brought out more recently by Opie, Chadwick, Rathbun, Myers and others, has given to us today an entirely new concept of the tuberculosis problem. The child has become a focal point of emphasis but with a very definitely new meaning. The extensive tuberculin studies of school children between the ages of five and fifteen or older carried on in various parts of the country, followed by X-ray examination of the positive reactors, have revealed to us an astounding proportion of children, who, largely because of intimate contact with open cases of tuberculosis in the home, are threatened with tuberculosis in young adult life.

Some authorities believe that it is almost possible now to prognosticate where the crop of sanatorium and hospital cases of the adult type of tuberculosis will come from ten to fifteen years hence. From those children who today show definitely calcified areas in

the lung tissues and in the lung glands, will be recruited a considerable percentage of the adult patients with chronic tuberculosis, ten to twenty years hence.

The most vital question, therefore, before tuberculosis sanatoria and hospitals, tuberculosis associations and their allied agencies, as well as before tuberculous parents, is how to keep children who are today massively infected with tuberculosis, from breaking down with tuberculosis tomorrow. Of almost equal significance is the use of the tuberculin test and X-ray of children as an epidemiological method of ferreting out the open cases of adult tuberculosis. The greatest need of the tuberculosis campaign at the present time would seem to be to impress upon physicians, nurses, tuberculosis workers, tuberculosis patients, health officers and the rank and file of the general public, the significance of these newer concepts.*

PHILIP P. JACOBS

THE WHITE HOUSE CONFERENCE

Editorial Comment: We hope to quote further at a later date from the reports of the Section Committees. These are to be published by the Century Company. The entire verbatim, stenographic report of the proceedings in Washington may be secured from *The United States Daily*, Washington, D. C. The summing up of reports by the four chairmen of sections are well worth reading. The following are not "findings" in any sense, but simply a review by Dr. Wilbur of the main points which the Conference touched upon.

Every American child has the right to the following service in its development and protection:

The Conference is mindful of the special emphasis needed upon these services in child health and protection in Porto Rico, the Philippines and our other insular possessions.

Every child is entitled to be understood, and all dealings with him should be based on the fullest understanding of the child.

Every prospective mother should have suitable information, medical supervision during the prenatal period, competent care at confinement. Every mother should have postnatal medical supervision for herself and child.

Every child should receive periodical health examinations before and during the school period including adolescence, by the family physician, or the school or other public physician, such examination by specialists and such hospital care as its special needs may require.

Every child should have regular dental examination and care.

Every child should have instruction in the schools in health and in safety from accidents, and every teacher should be trained in health programs.

Every child should be protected from communicable diseases to which he might be exposed at home, in school or at play, and protected from impure milk and food.

Every child should have proper sleeping rooms, diet, hours of sleep and play, and parents should receive expert information as to the needs of children of various ages as to these questions.

Every child should attend a school which has proper seating, lighting, ventilation and sanitation. For younger children, kindergartens and nursery schools should be provided to supplement home care.

The school should be so organized as to discover and develop the special abilities of each child, and should assist in vocational guidance, for children, like men, succeed by the use of their strongest qualities and special interests.

Every child should have some form of religious, moral and character training.

Every child has a right to play with adequate facilities therefor.

* Reprinted from *Journal of the Outdoor Life*, December, 1930.

With the expanding domain of the community's responsibilities for children there should be proper provision for and supervision of recreation and entertainment.

Every child should be protected against labor that stunts growth, either physical or mental, that limits education, that deprives children of the right of comradeship, of joy and play.
(a) Full-time public welfare services for the relief and aid of children in special need from poverty or misfortune, for the protection of children from abuse, neglect, exploitation or moral hazard should be encouraged.

Every child who is blind, deaf, crippled or otherwise physically handicapped should be given expert study and corrective treatment where there is the possibility of relief, and appropriate development or training. Children with subnormal or abnormal mental conditions should receive adequate study, protection, training and care.

Every waif and orphan in need must be supported.

Every child is entitled to the feeling that he has a home. The extension of the services in the community should supplement and not supplant parents.

Children who habitually fail to meet normal standards of human behavior should be provided special care under the guidance of the school, the community health or welfare center or other agency for continued supervision, or, if necessary, control.

Where the child does not have these services due to inadequate income of the family, then such services must be provided to him by the community. Obviously, the primary necessity in protection and development of children where poverty is an element in the problem is an adequate standard of living and security for the family within such groups.

The rural child should have as satisfactory schooling, health protection and welfare facilities as the city child.

In order that these minimum protections of the health and welfare of children may be everywhere available, there should be a district, county or community organization for health education and welfare, with full-time officials, coördinating with a state-wide program which will be responsive to a nation-wide service of general information, statistics and scientific research. This should include:
(a) Trained full-time public health officials with public health nurses, sanitary inspection and laboratory workers.
(b) Available hospital beds.

The development of voluntary organization of children for purposes of instruction, health and recreation through private effort and benefaction. When possible, existing agencies should be coördinated with each other and with Governmental services.

It is the purpose of this Conference to establish the standards by which the efficiency of such services may be tested in the community and to develop the creation of such services. These standards are defined in many particulars in the Reports of the Committees of the Conference. The Conference recommends that the Continuing Committee to be appointed by the President from the Conference shall study points upon which agreement has not been reached, shall develop further standards, shall encourage the establishment of services for children, and report to the members of the Conference through the President.

CHILDHOOD

"We approach all problems of childhood with affection.

"Theirs is the province of joy and good humor.

"They are the most wholesome part of the race, the sweetest, for they are fresher from the hands of God.

"Whimsical, ingenious, mischievous, we live a life of apprehension as to what their opinion may be of us; a life of defense against their terrifying energy; we put them to bed with a sense of relief and a lingering of devotion.

"We envy them the freshness of adventure and discovery of life; we mourn over the disappointments they will meet."

From President Hoover's Address Opening the White House Conference on Child Health and Protection

Modern Methods With An Ancient Scourge *

By Sister Martha Lawlor, R.N.
Chief Nurse, National Leprosarium, Carville, Louisiana

Editorial Note: The essential facts of this disease have been attenuated by the author in deference to the victims' horror of publicity. Cases of leprosy are not confined to warm climates, but were found as far north as Washington (3), Minnesota (6), Massachusetts (17), as well as more than a dozen other states in 1928. It is a disease occurring most frequently among the groups of patients contacted by public health nurses, and for this reason the author has addressed her message to them. We are glad to offer this sane and scholarly article, which not only presents authoritative information, but also a point of view and attitude of mind toward the sufferer which is worthy of emulation.

MENTION the word "leprosy" to one thousand persons, and you will immediately arrest their attention; nine hundred and ninety-nine will be curious—one will be interested. We can correctly assume that nurses belong to the class of the interested, rather than the curious. In presenting the salient features of the subject I must, necessarily, sacrifice the entertaining to the useful. My objective shall take a syllogistic form:

A. All public health nurses should be familiar with the chief facts concerning leprosy and lepers.
B. YOU are a public health nurse.
C. Therefore, YOU should be familiar with the chief facts concerning leprosy and lepers.

If, in this mode of presentation, you detect a hint of the didactic, you will pardon it in one who cannot readily abstract herself from a quarter of a century of class room methods—a quarter of a century, in which I have happily seen the equipment for the professional instruction of nurses advance from a "Clara Weeks," a very small catechism of physiology, and a very large, weighted floor polisher, to a paid corps of instructors, a demonstration room and a microscope.

Burning a few grains of incense to the traditional, let us run over the mental range of the average person when the word "leprosy" is mentioned. Naaman for the Bible reader; Ben Hur for the movie addict; Damien for the sociologist. But leprosy is nearer than Naaman, more modern than Ben Hur, not always so disastrous as it was to its outstanding apostle — Father Damien, as the presence at this convention of one who has been for ten years in daily contact with lepers, proves. To those familiar with conditions, it would be no matter of surprise should the waiter who skillfully handled your order last week, the man who sold you your last suit of clothes, or the boy who caddied for you a few days ago, be diagnosed as having leprosy.

The disease is of sufficiently common occurrence in the United States to authorize the maintenance of a National Leprosarium. The leprosarium located at Carville, Louisiana, is open to patients in every state of the Union. The three hundred and twenty-five patients now under treatment, come from twenty-one states, and are a fairly representative cross section of our country's inhabitants. The rich, the middle class, the poor, are found there; the cultured, the uncouth; the meticuously clean, the habitually slovenly; the old and the young. Since lepers are the only class of patients entitled to care and treatment from the U. S. Public Health Service by reason of their disease rather than of their position and employment, it is quite within the province of the public health nurse to know what is being done for this class of beneficiaries. Public health nurses are the most likely group to come in contact with cases of leprosy, and they may be able in such

* Presented at the meeting of the A.N.A. Government Section, Biennial Convention, Milwaukee, Wis., June 10, 1930.

instances to dispel the despair which is so often concomitant with the diagnosis, by assuring the patient that the United States Government maintains and operates a Class A Hospital, exclusively for their benefit.

INCIDENCE

In its incidence, leprosy is truly cosmopolitan. We are all familiar with the frequent mention of it in the Old Testament. Quite definite records trace it back to 1300 B.C. The New Testament proves it to have been common in the countries adjacent to the Mediterranean. India, China, the Pacific Isles have had their thousands as far back as their history can be traced. During the post-Crusade period, leprosy spread rapidly in Europe, where it was eventually almost eradicated by strict segregation. The medical annals of the Scandinavian countries mention it in 1256. As for the Western Hemisphere, it has been endemic in many of the South American countries for centuries, and now forms a serious problem. The first authentic cases reported for the United States, occurred in Louisiana, where it was, presumably, introduced by the importation of slaves from the West Indies.

Briefly, leprosy is found from Iceland to India, among persons and races whose living conditions, dietary habits and social customs are diametrically opposite, yet we are justified in admitting all these factors as having an indirect bearing on its development and transmission. What then is the mode of transmission and dissemination? In the past, belief in contagion has alternated with the acceptance of hereditary transmission, with the interspersing of the fish hypothesis, and the attempt to incriminate insect carriers. Since the discovery of the Hansen bacillus, the belief in contagion has been in ascendancy, but the evidence of contact transmission is not conclusive.

MODE OF TRANSMISSION

The essential causative agent is the Hansen bacillus. All honor to the splendid, patient, Norwegian physician who successfully isolated this bacillus more than half a century ago. There are points of similarity between this organism and the tubercle bacillus; it is classified as acid-fast, and responds to the same tinctorial method as the tubercle bacillus. Its one important, distinguishing characteristic is its predilection for certain elements in the blood, known as monocytes. Entering this cell, it reproduces and is designated as a globus or a lepra cell; this conformation is so characteristic that it is easily recognized. Never has the organism been satisfactorily grown in artificial media; seldom has an animal been successfully inoculated with it despite repeated efforts. As a consequence, there is not a working hypothesis as to the method of transmission. The present attitude of bacteriologists is that the lepra bacterium is a parasite so exquisitely adapted to its human host that it cannot be propagated readily on any known medium. The failure to transmit this disease by inoculation of material from lesions swarming with the specific organism, excepting in rare experiments, constitutes one of the enigmas of leprosy. The organism spreads through the body from the primary lesion, through the blood stream, lymphatics, and by autoinoculation. It is found in enormous numbers in the liver, spleen, and sometimes—but not so frequently—in the lungs. The skin is the tissue of predilection. In the nerve type the organism can be readily demonstrated in the nerves, particularly in the ulnar and peroneal. The mucous membrane of the eye, nose and throat seem really to be culture media for the organism.

Many authorities stress the importance of intimate and prolonged contact, such as occurs between parent and children. Probably the most extensive data on this aspect of the subject have been collected by Doctor O. E. Denney, our Commanding Officer. From his table, it will be seen that the proportion of leper parents who infected children is lower than all the other proportions, except that of husband and wife, and also, that the more intimate associ-

ations, such as those between husband and wife, and between parents and children, are less productive of contagion, while cousins would be accountable for more infections than all closer relations put together, brothers and sisters excepted. He also states frankly that having given four years to the close study of the records of ten thousand lepers with a view to determining how the disease was transmitted, he could say only that he disproved every theory that had been brought forward and had none of his own to offer.

This—the determining of the mode of transmission—is the big problem in leprosy. Once we know this, we can do away with the rigid isolation universally used in every age, even before Moses gave forth the Scriptural command: "Without the camp shall his dwelling be." Frankly, to remove a person from his home and from all that he holds dear, often times for life, is more arbitrary than burning down his house in order to disinfect it. Yet—what can we do? Small wonder, as Muir says, that

"Ignorance, shame and fear are the reasons why this disease is not diagnosed in its earliest stage. Ignorance of the earliest appearance, shame lest others should know of the presence of this loathsome disease, fear of loss of employment and of social ostracism."

SUSCEPTIBILITY

That there is a racial susceptibility to leprosy cannot be disputed. Of the 325 patients now in our hospital, only thirty are of the negro race. There is also a sex susceptibility, representing three men to one woman. A correct approach as to the cause of this distribution is undetermined. Time and further research may provide more certainties regarding the etiology as well as the mode of transmission.

DISTRIBUTION

The distribution of leprosy is high in the Tropics because of the heat and dampness. The areas of highest incidence which rate as high as 1–9 per mille, are Equatorial Africa, Oceanica and the West Indian Islands. In latitudes of 35 to 23 where there is less rainfall and less heat, the incidence is low, rating 1 per mille. In the temperate zone, 40 degrees latitude, the rate is 0.5 per mille. The dry zone is inimical while moist heat is favorable to development. It is prevalent where moist heat and animal life luxuriate. Hot southern states with high rainfall are important, endemic areas. For example, Louisiana, 30 north latitude, with heavy rainfall, produces more than 50 per cent of known cases. Of the 718 cases recorded by Denney and Hopkins, 425 came from Louisiana, 75 from California, 34 from Florida, 31 from Texas and the remaining cases were from various states. Of the 718, 504 were native born, 215 were foreign born.

ENTRANCE TO THE BODY

How the organism enters the body is undecided. Whether through an abrasion in the skin or through the nasopharynx is undecided. Some think the lepra bacillus is a soil organism indigenous to certain districts, where infection occurs through soil contamination. Others hold that insect bites constitute a port of entry.

CONDITIONS FAVORABLE TO DEVELOPMENT OF LEPROSY

Bad hygienic conditions.
Overcrowded houses.
Deficient diet.
Calcium imbalance.
Absence of fear which familiarity brings.
Habit of going barefooted.

An immense amount of research work has been done with reference to the infectivity of leprosy. Walker, of California, claims that leprosy is a soil infection, presumably through wounds. He claims that proper cleansing and disinfection is as important as segregation. Both Muir and Walker claim that leprosy is a rural disease and not a disease of congested areas. Many other authorities emphatically support this theory. It is undoubtedly a family disease but not congenital. It has been found as far back as four generations. There are records of infection in Clergymen and Sisters in leper col-

onies; however, I am happy to state that after a lapse of thirty-five years, no such infections have occurred at the Carville leprosarium.

The question of segregation is advocated and opposed. Many states have compulsory laws. Absconders who break the interstate quarantine laws, are liable to arrest.

PERIOD OF INCUBATION AND CONTAGIOUSNESS

Difficulty in tracing contacts and slow developments make the period of incubation very uncertain, but it is estimated at from 6 to 8 years. Since no one knows how leprosy is communicated, it is impossible to state what constitutes an exposure. Therefore, one can only surmise concerning the period of incubation.

Influences affecting the contagiousness of leprosy:

Susceptibility: Denney shows 44 per cent of infections occurring among children from one to ten years, to be among those who lived with leper parents. There is a greater susceptibility among children than among adults up to the time of puberty. After 30 years of age, susceptibility decreases.

Immunity: There is a racial as well as a sex immunity, as has been mentioned.

Type of Contact: Contact with a tubercular type is important because of the great possibility of coming in direct contact with the organism, from ulcerating tubercles and the various excretions of the body. Contact with the nerve type is far less infectious. Very few organisms are present in the skin or in the excretions in this type of the disease.

Way of Escape: Of equal importance to us are the ways of escape. When the epithelium is removed from a skin lesion, through the breaking down of leprotic tissue, there is continuous discharge of the bacilli. In nasal secretion in skin leprosy large numbers may be discharged. Ulcerated tubercles in the throat may be a source of infection and in coughing and sneezing and even in speaking the organism may be projected. Swallowed lepra bacilli may pass into the stools and be a possible source of infection. The milk of lepers may contain the bacilli. The sputum of lepers may contain the bacilli. The vaginal mucus may show acid fast bacilli but it must be remembered that other acid fast bacilli occur there. The urine and lacrymal secretion may also contain the bacilli. So one realizes the sources of danger.

TYPES OF LEPROSY

The classic division is:

Skin type.
Nerve type.
Mixed type.

Leprosy is a chronic infection with local manifestations in the skin and nervous system. The systemic reaction is manifested by fever, malaise, and other general symptoms. A leprous reaction is a febrile rise with swelling and erythemia, of quiescent lesions and sometimes the appearance of new foci. Sensitivity is due to the breaking down of leprous tissue and the destruction of lepra bacilli, with consequent absorption of toxins into the blood. Reactions are beneficial if not too frequent; each reaction implies a great strain on the organs of elimination and if too frequent and severe, death may result. While the Hansen bacilli are found in the various organs and parts of the body, we may say, broadly speaking, that leprosy is a disease of the skin and peripheral nerves. In order to present a better mind picture of leprosy, we may divide the disease into three main types—skin leprosy and nerve leprosy according as the skin or nerves are affected, and mixed leprosy in which both skin and nerve lesions are present.

SKIN LEPROSY

We may define a skin lesion as an area in which the lepra bacillus can be found, but in which there is no anesthesia to light touch. The commonest skin manifestations of leprosy are:

First, macules; these are various sized, shaped and tinted spots and discolorations or circumscribed alterations in the color of the skin, without, as a rule, much elevation or depression. They may be depigmented or whitish or erythematous; they may appear on the various parts of the body and represent one of the early manifestations.

Another common lesion of the skin is the tubercle. This is a solid, usually clearly circumscribed, rounded elevation, deep-seated and generally of a persistent character.

There is another type known as evanescent tubercles; these appear as small intensely red nodules; they are prodromal and followed by marked systemic reactions; namely, chills, fever and general depression.

The skin may become diffusely thickened with marked corrugations; this is particularly notable in the condition known as leontiasis, a form of leprosy with a lion-like expression of the face. These tubercles are especially liable to ulcerate producing raw, bleeding areas from which are discharged myriads of lepra bacilli.

There are certain skin areas which appear to be immune to infection. They are the flexor surfaces of the extremities, popliteal space, the covered areas of the eyelids, axilla, the internal and external canthus of the eye, the folds of the neck, posterior surface of the ears, the groin, gluteal fold and scalp are almost never affected. The freedom of these parts is very striking and accentuates the involvement of the surrounding tissues. This immunity has not been explained, but there is question of the absence of the action of the actinic rays of the sun, friction, trauma, pressure, as contributory factors to their freedom from infection.

NERVE LEPROSY

A nerve lesion is indicated by an area of the skin in which bacilli cannot be found but in which there is anesthesia. The nerves may become involved by the infection from the skin passing up the nerve ending and into the nerve trunk. In the nerve type, the Hansen bacillus can be demonstrated in the nerve, particularly in the ulnar and peroneal. We can readily see in the skin, muscles and bones the effects of this nerve involvement, in the form of sensory, motor, trophic disturbance, as well as pain from pressure exerted on these nerves from swelling and the formation of new tissue. Anesthesia is also an indication of nerve involvement. There may be loss of sensation to heat, cold, pain, to the sense of pressure. A person may burn a part without the least pain. Surgical amputation may be done without the use of an anesthetic.

CHARACTERISTICS OF LEPROSY

Paralysis: The muscles of the forearm, especially the flexors, become paralyzed, resulting in wrist drop. This is due to involvement of the ulnar nerve. In the lower limbs, the flexor muscles' surface are involved, with a resulting foot drop. The superficial peroneal are most liable to injury. Paralysis of the orbicularis, due to the involvement of the facial nerve, is very common. This leaves the eye unprotected with sometimes serious results. Paralysis of the orbicularis oris is due also to the involvement of the facial, and results in dribbling and interferes with speech and mastication.

Contractures: Are evidences of involvement of the nervous system and are caused by loss of muscle tissue. All small muscles of the parts affected are involved. The muscle fiber is replaced by fibrous tissue which contracts and causes deformity. A characteristic *main en griffe,* or claw hand, is frequently in evidence. The fingers become flexed, in a fixed position, partly from fibrous contracture and partly from disuse. While in most cases, these changes affect the flexor muscles, occasionally they affect the extensors, producing a much more painful deformity.

Perforating Ulcers: The extensive involvement of the skin resulting from the disintegration of leprotic tissue, produces numerous, large, ulcerated, secreting surfaces requiring constant renewal of dressings. Probably next to the eye lesion, the most crippling lesion of leprosy is the perforating ulcer, these frequently occurring on the plantar surface of the feet, sometimes becoming very offensive due to the exfoliation and retention of the sequestra. Fortunately the large perforation provides sufficient drainage to prevent absorption of septic material.

There are several factors that contribute to their origin and which prevent their healing. The epithelium of the sole of the foot becomes thickened, cracked and inelastic. This leads to the formation of ulcers. The anesthesia of the skin permits injury to the sole without the knowledge of the patient. Through these abrasions, infections result. Septic organisms entering, result in caries of the bones. A condition known as hyperkeratosis,

which means excessive thickening of the epithelial layer of the skin, is very common in both hands and feet. This is sometimes due to the prolonged use of arsenic. The loss of the intrinsic muscles which pad the sole of the foot, subject these bones to unrelieved pressure in walking.

Eyes: The appendages of the eyes—lashes and lids, are one of the conspicuously involved areas. The loss of the eyebrows and eyelashes is very conspicuous. One of the most appalling complications of leprosy is the high evidence of blindness. Ninety per cent have eye trouble. Infection very likely reaches the eye through the infected area of the face by extension resulting in corneal opacities, iritis, pan ophthalmitis.

Nose and Throat: The mucous membranes of the eye, nose and throat seem really to be culture media for the organism. Massive infection of the nasal cavities is of very common instance. The turbinates and septum slough away, causing flattening of the nose, which is technically known as "saddle back nose." The destruction may even go further, in which every remnant of the organ is lost. All types of lesions that are found in the skin are found in the nose and throat. The tongue, the lips and the palate may all be involved. Ulcers occurring in the epiglottis and cords, extending down to the larynx, produce the characteristic leper voice. The process of ulceration very frequently necessitates the life-saving measure of tracheotomy.

Bones: Changes in the small bones of the hands and feet is another conspicuous element in leprosy. The resorption and atrophy of these bones begin distally, and extend proximally. The process may occur without ulceration. The whole finger or toe may shrink and resorb. Nails very often resist absorption, remaining intact after the whole phalanx has disappeared. How much of this destruction is due to nerve involvement is a question. We know that the conservation of bone tissue, as well as of all the tissues, depends upon nerve influence.

DIFFERENTIAL POINTS

Of the diseases that might be mistaken for leprosy, the most common is syphilis. This can be differentiated by the fact that in the latter disease you have no anesthesia and no thickening of the nerve. Another conspicuous point is the absence of the Hansen bacillus. Another factor that frequently leads to a mistaken diagnosis is that in 80 per cent of the cases of leprosy a positive Wassermann is established.

Another disease condition commonly mistaken for leprosy is ringworm. This also can be differentiated by the fact that there is no anesthesia and the lack of the organism in the lesion.

What we have already said concerning these two diseases applies to lupus.

Leucoderma is rather a rare disease, but the marked depigmentation of the skin sometimes leads to a suspicion of leprosy. The cause is unknown, therefore we get an absence of the organism as in other diseases. There is a supposition that the adrenal bodies are involved in this disease.

It is a logical supposition that the existence of any other disease may be a complicating factor in leprosy, the commonest diseases being syphilis, gastro-intestinal diseases, inanition, malaria, tuberculosis.

PROGNOSIS

All depends upon the resistance of the patient.

TREATMENT

Chronicity and variability of leprosy renders estimates of the effects of drugs rather difficult. Instances of spontaneous cure have occurred. Cases lose their infectivity and activity but retain the crippling effects, due to the permanent destruction of many nerve fibers. Placing mendicant lepers in more favorable conditions with good diet improves them remarkably without treatment.

Comment is made only on the different forms of treatment in use in this institution. There are various other methods but space will not allow a detailed discussion of them. The first

essential in instituting treatment is the eradication of any concomitant infection, properly balanced diet, personal hygiene.

Drugs: As to the value of Chaulmoogra oil and its fractions, conclusive evidence derived from reports and experiences of well known leprologists coincides with the results obtained at the National Leprosarium. To one interested it is gratifying to note the frank hopefulness which permeates the work of various leprologists who have made intensive analysis of treatment.

The fact that this oil by mouth has a limited application because of the inherent irritating properties or on account of individual intolerance, is a well defined criticism. Hence the effort made to extract from the natural product those fractions thought to be possessed of the highest therapeutic and bacteriological powers and capable of being introduced into the body either subcutaneously, intramuscularly or intravenously. These methods of introduction bring the remedial agent more quickly in contact with the body cells and the causative agent and should theoretically shorten the course of the disease.

In the main, the treatment consistently followed in this institution has been Chaulmoogra oil, strychnine and hot baths. This treatment has remained the most satisfactory of the many treatments administered at the Leper Home since its foundation in 1894.

Arsenic in the form of Fowler's Solution is also a valuable and reliable agent in combating leprous reactions accompanied by hyperpyrexia and crops of evanescent tubercles, and in neuritis which is such a distressing condition in leprosy.

The physical agents, such as pyrotherapy, ultra violet, infra red, diathermia, hydrotherapy, electrotherapy, massage, are used extensively in an effort to restore function to damaged tissue.

Occupational therapy has been instituted to provide mental stimulus as well as physical exercise.

EDUCATIONAL EFFORT

A generous exposition of leprosy in our text book for nurses, I venture to say, would be welcomed. If any mention of leprosy is made, the treatment hardly suffices to give even a fundamental knowledge which would be necessary to equip nurses to recognize a suspicious case of leprosy. If a nurse is expected to interpret signs of approaching labor, of concealed hemorrhage, of impending coma, of overdosage with drugs, why not give a disease of such sociological import more comprehensive consideration in specialized text books? With broadening of knowledge, many cases of leprosy might be discovered, and intensive treatment instituted in the incipient stage with hope of arrest. Discussion of this subject at meetings would result in awakened interest and progress towards necessary knowledge. The great object of study is to learn how to distinguish between the important and the conspicuous things; when leprosy has advanced to a conspicuous stage, it is certain that the most important phase of the disease has been overlooked. The experienced eye would have noticed years back a little difference in the shading of the skin; that would have been the time to have instituted treatment. The very first step in the program of prevention and eradication will have to be educational. This program can be carried on only by the coöperation of the medical and nursing professions, in making the code of its recognition and prevention understandable to ourselves and to the public.

Leprosy is not unique in being an unsolved problem in medical work. Allow me to quote a sentence which could be applied to leprosy as well as to other pathological enigmas:

> "Somewhere in the long chapters of physiology, pathology and medicine, lies buried the right or wrong answer to these questions, with the hopes and the heartburning which go with laboratory methods and clinical medicine."

I do not wish to yield to the temptation to exaggerate the importance to the public health nurse of being

familiar with the accepted theories of etiology of leprosy, namely, the very depressing one of heredity and the hopeful one of infection. The answer you give to these inquiries may be the determining factor, the vital element, in dispelling the frenzy, collapse, or the despair which must ensue when, to quote from the "Soliloquy of a Leper":

"Crushed in mind, in tearless agony, I heard the doctor's verdict. . . . Faith alone has saved me from the catastrophe of despair. What do I care for the jeers and stares of my fellow men, when my mutilated hand holds that of the Almighty? Love, beauty, eloquence, money, have gone to the wall; faith alone has saved me."

Let us convey to these afflicted minds the teachings that are being broadcasted through the medical world: that, in comparison with what has been done in the past, the results of intensive treatment today are a little less than marvelous. Reports from other leprosaria, as well as those of our own, verify this statement. What a reward, if our afflicted neighbor may say of us: "Whithersoever her finger pointed, there my eye saw the light."

LEADING ARTICLES IN THE AMERICAN JOURNAL OF NURSING FOR JANUARY

Rural Nursing, Part I	Jessie L. Marriner, R.N.
Treatment of General Paresis with Diathermy	Dr. Clarence A. Neymann
Nursing Care of Patients under Treatment for General Paresis with Diathermy	Marion J. Faber, R.N.
A Reversible Bed Frame for Spinal and Other Special Cases.	Ernest W. Hey-Groves
Surgery of the Eye	Dr. Earl B. Fowler
Nursery Care in Adult Cataract Cases	Mary Wallace Wilson, R.N.
A Study of Nursing Costs, With or Without a School	Charles F. Neergaard
Hourly Nursing	Beatrice Short, R.N.
The University and Nursing Education	Clarence S. Yoakum
Using Kindergarten Materials in the Classroom	Gertrude B. Thrasher, R.N.
American Nurses' Association Membership Campaign	V. McCormick

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"The present economic depression, if long continued," said Dr. Parran, Commissioner of Health of New York State, in a warning against the curtailment of health programs, "inevitably will result in higher sickness and death rates, particularly from such causes as tuberculosis, and the pneumonias among infants. Sickness and death rates will be highest if communities look upon their programs of public health, medical and social service as luxuries for times of prosperity but to be curtailed when revenues are low; or if communities are satisfied to maintain these services on an inefficient basis. Signs are apparent in a number of directions of curtailed public health programs; instead of this there should be increased efficiency of such activities because of the added needs."—*New York Herald Tribune, November 20, 1930.*

The " Health Dimple " Guards a Jail

By Jess L. Cunningham, R.N., and Erie M. Hoylman, R.N.
Raleigh County Health Unit, Beckley, W. Va.

ON May 9, 1930, at five o'clock, just as we were leaving the office after the day's work, the jail physician called and informed us there was a case of smallpox in the County Jail. Needless to say the entire personnel went to jail promptly, the diagnosis was confirmed and we proceeded to give every inmate of the jail—and there were one hundred and twenty-five—and the jailer and entire family, a " health dimple." The members of the County Court, the sheriff, and deputies were also vaccinated. The patient was isolated in a small cell upstairs and a guard was put on to care for him and to see that nothing from this cell was carried to any other part of the jail. The men were brought in off the roads since the patient had been in jail for more than ten days and everyone was exposed. The entire jail was placed in strict quarantine. Nothing was permitted to be taken from the jail property.

After enough time had elapsed for vaccinations to " take " the entire personnel went to jail again at 6 A.M. and each and every inmate was brought down to the shower bath, handing out his shoes which were sprayed inside and out with a strong disinfecting solution. After a bath he stepped into the visitors' cage, entirely undressed, the Health Officer inspected his vaccination and he was handed new overalls, shirt, socks, and his own shoes. Then he came out, a nurse took his temperature and his name, and he was checked out to a deputy and taken to the Court House which was kept under heavy guard.

Sufficient men were kept out to help with the work of disinfecting, selecting the ones who had a short time to serve or those whose time would be up while in quarantine.

Starting on the top tier of cells, everything was removed from the cells. The mattresses and pillows were taken into the jail yard and sprayed with cresol solution and put in the sun for the day. Next the blankets and washable clothes were put through a hot disinfecting solution. The inmates' clothing was taken into the yard, soaked in tubs of gasoline and put on a line to dry. All trash—and this is the proper word for it—was taken out, and everything that could not be put either through gasoline or hot solution was burned. Many were the strange things that we found in those cells!

After everything movable was cleaned out of the jail, with hot water, liquid soap, and long handled brushes, the men scrubbed the entire jail tier by tier, walls, cells, bunks and floors. Then hot disinfectant solution, and following that live steam, was turned into the cells over the walls and floors. The floors were then mopped and the steam heat turned on in the building to dry it out. When we finished, the workers were given another bath, more new clothing, and then the men were checked back into jail. Much ado was made by the inmates about this thing and that, but after a good hot meal they were more or less contented.

No other case developed but we took the precaution of vaccinating all persons admitted to the jail, and all visitors, for thirty days.

On the basis of this experience we feel that no public health nurse has completed her education until she has assisted in disinfecting a county jail.

County Midwife Supervision

By Alice L. Grier
Maternity and Infancy Nurse, Mecklenburg County, North Carolina

MIDWIFERY is one of woman's oldest occupations. Through the ages it has been handed down from one generation to the next. In this part of the country midwives have been mostly old colored women, many of them unable to read and write. They treated their patients with various kinds of teas, the babies' navels were well-greased, and they made examinations whenever they wished. Each midwife was a law unto herself.

In 1913 the North Carolina legislature passed a law requiring all births to be registered within five days, but found it hard to enforce this law without having the midwives under control. To accomplish this end, the 1917 legislature required all midwives practicing in the state to register with the State Board of Health once each year. There was no supervision or class work. Midwives had to secure their supplies from Raleigh. In 1922 midwife class work was begun in Mecklenburg County. Once a year for one day only, midwives met with the Health Officer and nurses at the county seat to receive instruction. Their equipment was very meager at this time, consisting only of cotton, gauze, and eye-drops. They were permitted to carry any kind of bag. One hundred and fifteen midwives were practicing in the county at this time. In 1925 a standard bag made of khaki with round bottom and pockets on sides to hold small articles was introduced with necessary equipment. Midwives were allowed to make and bake their own cord dressings. Delivery procedure was demonstrated by the general county nurses in class, and they also taught the care of equipment.

PRESENT PROGRAM

A maternity and infancy nurse was added to the city and county staff in March, 1927, when a closer supervision of midwives was attempted. Classes are held twice a year: in January for inspection of equipment to secure license for the year, and also for a review of laws and methods. The midwives are divided into two groups, and have class for one day only. When the equipment is not complete, the license is withheld until it is completed. The number of midwives has been reduced to forty-five. In mid-summer, classes are held for two weeks. The midwives are divided into five groups, and the Health Officer and nurse meet a new group each day of the first week. The second week these groups meet again for further instruction. Equipment is checked the first week, and if not complete, must be brought to second class completed. More thorough instruction is given in midwifery laws, in methods of instructing the expectant mother, preparation for delivery, delivery procedure, after-care of mother and baby, birth registration, reporting of cases, care of equipment, and situations requiring a doctor.

Only a few minor changes have been made in equipment within the last three years. The various procedures are demonstrated to midwives by the nurse when they are given the standard course, and they, in turn, are required to return the demonstration, and are graded by the nurse. At later classes one midwife is selected from the group to give a demonstration. The others seem especially keen to notice mistakes when one of their own number is taking part.

Realizing that the same program would become monotonous, a few variations have been introduced. A doll bed is used to demonstrate the delivery bed. It can be folded, and mattress, pillows, and linen packed in small package for traveling. The midwives enjoy making up the delivery bed in

class. A dummy made of brown rubber sheeting is used to teach the preparation for delivery. An infant-size doll is used by the doctor to show different presentations, and also, how to give artificial respiration. Midwives are not allowed to make examinations. They are shown how to give the baby a bath in a tub, and taught to use oil instead of talcum powder. A full set of baby clothes serves to teach the proper clothes for the infant. Baby's toilet tray, breast tray, abdominal binder, and suspender garters are also used in class work. The latest addition to the exhibit is a small splint basket 10 x 15 inches with handle at each end, with a small doll dressed in real baby clothes.

SUPERVISION OF EQUIPMENT

Any new applicants are required to come to extra classes until the standard course is completed. An attempt is being made to raise the standard of midwives. Some of them were careless about their equipment, and class instructions and home visits did not bring any results. They were told that unless the condition of their bags improved, their licenses would probably be revoked. Home visits were made once each month for a few months to note the improvement.

To create interest and rivalry in equipment-keeping, they were told last year that a prize would be given at the summer class to the one having complete equipment in the best condition. It proved to be hard to decide between a number of midwives. A small baby scale was given as the prize. The midwives are not required to carry scales as part of their equipment, but they like to weigh the babies and their patients like to have them weighed. When this prize was given, it was announced that a poster contest would be held January, 1930, in connection with the regular class. The midwife submitting a poster best picturing the diet for an expectant mother would be given the prize. They were instructed not to buy anything, but to use stiff paper or any cardboard, or even the back of an old calendar, and to cut out and paste pictures of food, or cut out letters to spell the words. This contest was put on to determine how much midwives knew about diet, and also to stimulate interest in class work. About twenty-five posters were submitted. They were in all forms; some were made on shoe-box lids, and one was made on plain wall-paper and was three feet square. They were crude, and some very comical, but showed good judgment about diet for the expectant mother. The midwives had quite a bit of fun making them, and asked that the nurse "recognize" the posters in class. A pair of scales was given for this prize also.

Supplies are bought at a wholesale house and carried to places where classes are held, and sold to the midwives at cost in order to help them keep their equipment complete. Midwives are supplied by the nurse with report cards, eyedrops, etc., instead of sending to the State Board of Health. It seemed almost impossible for the midwives to understand how to bake cord dressings. Nine out of ten of them would bake them before wrapping. Finally, this method was given up, and dressings are now sterilized in the Health Department laboratory and sold at one cent each. Home visits are made to the midwives to check on home conditions, and to see if equipment is in good condition at all times

MIDWIFE BAG EQUIPMENT

Standard bag
1 pound absorbent cotton
Liquid soap
Lysol
Teaspoon
Nail brush
Nail file
Orange stick
Blunt scissors
Cord tape in glass bottle
Cord dressings
Boric acid powder (sifter top can)
3 pad covers (white)
4 small towels (white)
White cover-all apron
White cap
2 wash basins (large enough to fit bottom of bag)
Birth certificates
Prenatal report cards

Baby report cards
Envelopes (addressed to Health Department)
Enema can, 1 quart size, with rubber tubing and nozzle
White vaseline or olive oil
Eye drops
Pencil

PRENATAL CLINIC

In November, 1927, a prenatal clinic was started to care for midwife cases in the city and county. Any expectant mother, white or colored, not able to employ a physician for prenatal care, is admitted and given medical supervision. Midwives were told that this clinic was to help them care for their patients, and their coöperation was enlisted. Five patients were admitted on the first clinic day, and the attendance has steadily increased. Midwives are taught in class the value of the Wassermann test, and they sometimes bring in a patient and tell the clinic attendant that the patient has a "breaking out," and want to know if the patient's blood is in good condition, and if it will be all right to attend the case. Midwives sometimes help in clinic, performing such duties as setting up clinic room, collecting specimens and transferring to laboratory, running errands to other parts of the building, and helping patients to undress. Occasionally they instruct patients in personal hygiene when they feel that the patient has not used soap and water freely before coming to the clinic.

Midwives are asked to report all expectant mothers so they can be registered with the State Board of Health to receive literature and home visits from the nurse. All patients living in the city are reported to the Visiting Nurse Association for prenatal care, and those in the county are visited by county nurses. Midwife cases are not given nursing care after delivery, but nurse supervisory visits are made. In case of abnormality a physician is called, the case automatically becomes a doctor's case, and the mother is transferred to the nurse for bedside care. The midwife may still care for the baby and the patient feels she is getting the worth of her money paid to the midwife. In this way, the patient receives the care she needs, and the midwife is relieved of duties she is not prepared to perform. When this change is made she is not allowed to care for the mother again during this confinement.

APPRECIATION OF SERVICE

Patients living in rural communities are usually more interested and more appreciative than city patients. On one occasion a young expectant colored mother was reported to the county nurse by a midwife, and when visited, was found a long distance from home working in the fields. She was called to the roadside and a partial prenatal visit was made. She was told to expect the nurse for a complete visit the next time she was in that community. The patient took a great deal of interest in the layette patterns given her, cut from patterns from the Maternity Center Association of New York. Early in her baby's life, the mother and father made a box of old boards, and added some discarded cart wheels. A branch from a tree was peeled and put in place to support mosquito netting, a strong cord attached to one end of the box, and then little Mary could be easily transferred to the cotton field when the mother went to pick cotton! Although the weather grew quite cool,

The home made carriage—hood and netting removed to show baby

Mary was always warm in her cotton flannel garments, hood included. This patient described the work of the nurse to an expectant white woman for whom she ironed, and the nurse was asked to visit. In turn, she told the nurse about a neighbor, and so the chain continues.

Patients are always interested in the baby's toilet tray made of a shallow tin pan enameled in rose color. The jar tops are done in the same color, and a glass covered dish is used for soap. The waste paper cup for demonstration is made of white wrapping paper. The same tray with the necessary things to care for the nipples is used to demonstrate the breast tray.

In the future we hope to extend the service until every expectant mother in the county receives adequate prenatal care, and every midwife is able to read and write. Midwives have already improved practically 90 per cent in their work, class attendance, and care of equipment.

CONGRATULATIONS, DETROIT!

The Detroit Board of Health has passed officially a resolution defining educational standards for the nursing staff, which augurs well not only for Detroit's future health program but for its present activities. A resolution such as the following indicates understanding and coöperation which already must be bearing fruit:

The public health nurse must have a fundamental education so that she can undertake successfully instruction of the general public in matters of public health as follows: prevention of illness; measures to be carried out to secure the alleviation of sickness; social service matters which involve proper hygiene in the home—this may involve such budgetary management of income that the nutritional requirements of the family may be adequate; child hygiene; applied psychology; a knowledge of welfare agencies which are available, together with the aid they can render; a sound theory and practice of rest, exercise, food, raiment, cleanliness, and how inciting agents of disease are spread; laws, regulations, and procedures for preserving the public health.

"All these activities impel the Board of Health to require a degree of intelligence and training for its public health nurses which is commensurate with the responsibilities involved. Therefore be it resolved that

"The standard of requirement for admission to the Nursing Division shall be: A college training or its equivalent. Until this standard can be attained, applicants must have at least graduated from an approved high school; graduation from a nurse's training school of an accredited general hospital, which has a daily average of not less than fifty patients. The training school of course must extend at least for a period of two and one-half years. Training for shorter periods will not be considered; some nursing experience; a nurse will not be given a permanent position until she has satisfactorily demonstrated her ability during a probationary period; excellent health, as indicated by physical examination made by the Department's Nurses Clinic; U. S. citizenship; registration to practice nursing in the State of Michigan; minimum age 23, maximum age 35, unless already trained in public health nursing, and possessing a record of accomplishment; post-graduate work in public health nursing, and an experience with a well organized agency which provides adequate supervision is desirable; credentials as to character, approved by the Department of Health."

New Methods of Coöperation

By Marguerite A. Wales
General Director of Nurses, Henry Street Visiting Nurse Service

Editorial Comment: New York City is too big to be comprehended. It is far too big to be handled as a unit, so it breaks itself into smaller units and health workers focus their efforts area by area. This is a "village close-up" of the area known as East Harlem, lying around 116th Street along the East River, with a population of approximately 41,000, representing at least twelve nationalities.

THE East Harlem Health Center in New York City is celebrating its tenth birthday. This district health center, which during the past decade under the leadership of the City Department of Health has brought together under one roof twenty-two health and welfare agencies and has demonstrated new possibilities in team-play, was established by the New York County Chapter of the American Red Cross as an experiment in the field of public health at a time when grave doubt was being expressed as to whether agencies so varied in method, at times so individualistic in tendency, could work successfully in such close proximity.

At the organization meeting of the Health Center Miss Lillian Wald, speaking from the viewpoint of a generalized nursing service, characterized the occasion as a "valuable landmark in the development of welfare, because of its great possibilities of demonstrating new methods of coöperation, of giving opportunities for exercising new methods in technique developed to provide the best service possible for the people to be served." Like the Henry Street Visiting Nurse Service, East Harlem Health Center was committed to the districting of its work. The development of coöperation among a group of volunteer agencies carrying forward a joint program with the Department of Health on a district basis promised interesting results.

TEAM-PLAY ON A DISTRICT BASIS

During ten years of demonstrating new methods of coöperation, the Health Center in the congested East Harlem district has held consistently to its procedure of coördinating the services needed by the area. As the machinery turns on its unending circuit, the various agencies have learned to "mesh in." First, the need has been studied. The demonstration of the new service by the Center has followed as the next step. Thereafter the Center has endeavored to find the appropriate agency operating in the district to add this service to its permanent activities. In such fashion the Health Center's program of services to the area has been rounded out and made permanent. In the development of this unique and valuable demonstration the City Department of Health and the twenty-two coöperating agencies have all taken active part. And in the process each agency has found much of value in the new methods of coöperation developed.

In no instance has the Health Center's purpose of achieving improved results through team-play been more effectively carried out than in the centralized demonstration of public health nursing — the East Harlem Nursing and Health Demonstration, reorganized in 1928 to cover the entire district as the East Harlem Nursing and Health Service. Organized as a separate coöperative health unit, the Henry Street Visiting Nurse Service, the Association for Improving the Condition of the Poor, the Maternity Center Association, and St. Timothy's League, all joined with the American Red Cross and the Laura Spelman Rockefeller Memorial, in contributing to its yearly budget.

THE CONFERENCE TABLE HELPS

All too familiar is the slow process of "getting together" on a problem when facts must be exchanged and

discussion carried on by mail, and often by telephone. The unknown personality behind a signature or behind a voice remains more or less hidden. But once the stranger takes a place at the conference table and informal discussion develops, misunderstandings fade away, the workers begin to see the problem "eye to eye."

It sounds simple enough; it is by no means impossible—this interplay between workers of different agencies—one perhaps visiting a home to care for the sick wage-earner, another working out with the mother of the family a budget to tide the household over the crisis of the father's illness. It has been one of the East Harlem Health Center's outstanding contributions to effective public health work. There is economy, too, when the worker from the welfare agency can talk with the nurse before leaving to see her patient and thereby save a visit from a second worker. There is inevitably a better mutual understanding of just what the workers from the various organizations can do. The conference table is affording a surer basis for action than the blind trust that Miss A of Agency I will grasp the implications in the scrappy information that can be found in a letter from Agency II.

METHODS MUST BE UNIFORM

Not infrequently through joint programs worked out in conference there is a greater interplay of educational advantages, a leavening of the entire group through the medium of common knowledge. It has been found that this interplay does much to eradicate confusion in the home where the methods of workers from various organizations have differed, where families have been a bit bewildered by differences in instruction on nutritional and other health subjects.

Take a specific example: Now that behavior problems in the homes of our patients are being more adequately met by workers who have come under the guidance of a mental hygiene supervisor, we are confronted with another phase of health work where uniformity of method in dealing with individual problems is exceedingly important. This uniformity means not a complete standardization but rather a commonly shared familiarity with the fundamentals of mental hygiene. To appreciate what may happen otherwise, one has only to imagine the mother's confusion as the worker from the second agency to which the child has been dismissed or referred begins a quite different line of attack on a behavior problem.

RIGHT SERVICE WHERE NEEDED

Important as these personal conferences on individual families have proved to the work of rehabilitation in the home, the health center as a unit adds greatly to a broader aspect of community work. For statistical data can now be assembled within the common boundaries of the health center area. Studies may be made of the community needs with the mortality rates in the various sections of the district clearly defined. Where one age group stands out as more subject to disease, it becomes possible to determine which particular agency is best prepared to place the added emphasis on work for the indicated group. Here in this cross section we perceive the picture as a whole and the place of each organization in the general structure. We see the wheels go around. We see the weak spots in the plan of service, the places where new parts need to be added. Sitting together to consider the development within these common boundaries, we find that we can obtain a much more intelligent understanding of the manner in which each organization is prepared to provide certain types of service which seem inadequate in our new view of the community needs as a whole.

An illustration will help to make the point clear. Under the old organization methods a group of citizens rather impetuously decided that it would be nice to start something. Babies being the fashion, a baby clinic was started. No consideration was given to the fact that this particular neighborhood happened to be amply supplied with Well

Baby Service. They were ready to start, they had found a suitable building; off they went, and soon the familiar process of overlapping, duplication, bewildered families, and the other by-products of haphazard procedure were being repeated. Many of us recall the study made in Manhattan that brought to light the inexcusable fact that workers from forty-one separate agencies were visiting the families in one short city block. In the programs based on studies by the Health Center there should be no new developments without full knowledge of which age group presents the greatest need and which agency is best prepared to offer the service needed.

THE "VILLAGE CLOSE-UP"

This method of studying community needs from a regional standpoint, a "village close-up" view, is of genuine importance to the organization which is working on a borough or city-wide basis. The visiting nurse service, which develops its work entirely on a regional basis, with the city divided into districts, each with a nursing center, or office, and with a complete staff of nurses, clerk, and supervisor, operating almost as a distinct unit in the neighborhood, looks with gratitude upon the health center development. The New York City plan promises a time when budgets can be considered with a far clearer understanding of where emphasis belongs. In New York City, thanks to the detailed morbidity and mortality statistics compiled by the Department of Health for small sanitary areas, we are now able to place a finger on the exact neighborhood where the toll of lives is greatest, and knowing from gathered facts exactly what facilities are available we should be able to cope with the health problems presented and to determine what services each organization is best prepared to give. In brief, we expect to learn what part we as an organization should play in the community and, looking at the city as a whole, just what is the fairest distribution of the nursing service we have to offer.

ANY CITY MAY COPY THIS!

By means of this East Harlem Health Demonstration, in which four organizations have joined forces under one director and have gone ahead together in this fashion for a number of years, it has been possible, with the increased budget and the excellent personnel directing the work, to round out a public health nursing program with services for every member of the family. This has been accomplished in a manner which, if it cannot always be duplicated with the limited budget which cities in general find available, does offer certain new adaptations of the principles of public health nursing which may be assimilated in modified form to the great gain of any public health nursing organization.

Every public health nursing executive who has seen the effective way in which the East Harlem Nursing and Health Demonstration nutrition specialists have worked with the families through the individual nurse, recognizes the important function of the specialist in bringing out the nurse's potentialities as a health teacher.

Here we have a teaching supervisor in the best sense of the term, one who possesses an intimate knowledge of the home and the type of families with whom she is working, yet sees that in the matter of nutrition, for example, the greatest service to these families can be made through the nurse whose judgment they have come to trust in the care of their sick and in the general welfare of their children. In the conferences and classes conducted for the mothers, the nurse and the nutritionist have become excellent co-workers as a closer familiarity with their two fields of work has produced a common understanding of both.

THE GENERALIZED NURSE FOR GROUP HEALTH WORK

A generalized nursing service which provides nursing care for the sick in their homes finds its largest opportunity for constructive work in health service for the mothers and young children. The mother with a sick child is an uncommonly responsive pupil as she

watches the skill of the nurse in caring for her baby. The clever nurse makes the most of these contacts in the home. She soon finds another group of women who are eager for advice and help—the mothers who are preparing for their new babies. While the nurse uses her visit to the home as an opportunity for teaching health she also finds that the mothers who are brought together in groups gain a great deal from class instruction. The East Harlem Nursing and Health Service program has developed group health work in a most effective way. Modern methods of teaching are adapted to the class work and the mothers are encouraged to take part in the lesson projects.

Mothers bring their babies and their children of preschool age to the center for health examinations and advice on health habits. Here the physician, the nurse, and the nutritionist work together in a common effort to give the people of the community the best that their special fields have to offer.

The content of the teaching carried on by these three highly trained workers, whose preparation has fitted them for three distinct professions, is so consistently interwoven that there is important conservation of the physician's time and most effective use of the nurse's contact with the home and friendly relationship with the family.

NEW NURSING SERVICE FOR PHYSICIANS

The need for this type of follow-up work in building a successful clinic has long been recognized. Physicians who have come to depend upon such service in their clinic work know full well the value of such a link with the patient's home. Much water must flow under the bridge before physicians by and large understand the possibilities of using this type of service in their private practice. Health Departments are placing a new emphasis on the part of the private physician in public health.

In New York City, Health Commissioner Shirley W. Wynne has taken a leading part in providing for greater coöperation between private physicians and the Department of Health. His chief aim is to interest physicians in the practice of preventive medicine, and to this end he has offered physicians the services of public health nurses to supplement their own efforts in this direction. Recently Commissioner Wynne has gone a step further and in one small district of the city is demonstrating to physicians the value of the public health nurse to assist in health activities in his office on an hourly basis.

In the future development of health centers is it too much to picture the office of every physician interested in preventive medicine as one of the "health units" where the public health nurse, in team-work with the physician in his office, carries his teaching into the home, stimulates the interest of the family, and gains coöperation in carrying out the program the physician has outlined? New methods are being sought today for providing medical and health care for patients. The public health nursing organization which is awake to its opportunities in the changing order will realize that the public health nurse must be ready to supplement the work of the private physician in his practice of preventive medicine just as long ago she proved herself to be his strongest ally at the bedside of the sick.

In the ten years of its existence the East Harlem Health Center has been conspicuously successful in demonstrating new methods of coöperation. We may look expectantly toward the advances of the second decade in this pioneer district health center.

Mental Health During the Postnatal Period *

By Winifred W. Arrington

THE first weeks of the postnatal period are probably more significant for the mental health of both mother and baby than we have been accustomed to think them. The time is one of tension and suspense and of extreme sensitivity. Emotionally, the mother may be very delicately balanced, her mental health, at times in real jeopardy. Nervous exhaustion accompanies the inevitable physical exhaustion, and makes her susceptible to the slightest irritations. Trifles, that at other times go unnoticed, suddenly assume tremendous proportions. Consequently, it is important for the entire family to coöperate in protecting her from any avoidable strain. She should not be asked to make any decisions or to settle any disputes. She should not have to plan the household program; no matter how much she is depended upon ordinarily, the rest of the family must learn to do without her and look after themselves; and whatever their mishaps, she must not be burdened with them.

A nurse visiting the home during this period can make herself invaluable. She may give solidity to a situation that tends to be sadly disrupted, and communicate courage to the whole household. She can help the family individually to understand the mother's need of serenity and quiet, and convince them that this is a crisis when everybody has some small sacrifice to make, and must adjust uncomplainingly for the good of the group.

In dealing with the mother herself, she should keep in mind the thought that convalescence should just serve her patient's needs, and no more. Rest, both physical and mental, is urgent, and the mother should not be under excessive pressure to hurry back to her duties, but at the same time there ought to be no temptation to prolong convalescence for its own sake. Some women are much too impatient to be up and about, and allow so little time for their strength to rally that they need curbing. At the other extreme is the mother who derives too much satisfaction from the indulgence and attention that come to her, and is ready to settle permanently into a state of invalidism. The skillful nurse can steer safely between the two possibilities. Watching her patient carefully, she can gauge what her strength actually is, and be ready with the right occupation for her at each stage in her progress to recovery. Everybody needs incentive, and idleness has a vicious effect on the most determined of us. If, therefore, the nurse's ingenuity can keep the convalescing mother supplied with interesting things to do, each one just enough more taxing than the last to stimulate her effort, she can be prepared by degrees for the return to her full responsibilities. There will be less danger of her becoming restive and getting up too soon, and correspondingly less danger of her growing too fond of her state of dependence and inertia.

It may be that the mother's approach to the baby will not at first be a happy one, and the nurse will find that the guidance which she can give will count a good deal in adjusting matters. Mothers who eventually come to love their babies dearly sometimes are not attracted to them at all in the beginning; the baby may even be repulsive. Psychologists are more or less of the opinion that affection is stimulated by handling and fondling the child, and develops rather gradually. If a mother understands what to expect, she will not grieve when her first response is one of indifference, but if she hopes

* This is the continuation of Miss Arrington's thoughtful article published in our December (1930) number on "Mental Health Hints for the Prenatal Period."

for a rush of mother love and finds herself rejecting the baby, she may reproach herself bitterly. The nurse can anticipate her distress by warning her to have patience, and let the baby make his appeal when the proper time comes.

This kind of problem is essentially simple. But suppose the mother suffers from a profound sense of guilt about events preceding the baby's birth, and is determined to make amends. Here is a situation fraught with serious consequences for the baby, but very difficult to attack. Whether or not the mother has actually wronged the child in any way, her effort to atone is almost certain to harm him, for it can hardly help going to extremes. In her attempt to escape the pangs of self-reproach, she will be sure to stifle him with too much attention, and in so doing communicate to him her own tenseness and maladjustment. The result will be to thrust upon him a handicap as severe as any she already imagines him to have. It is an almost impossible task to make her see that her best recourse is to carry out a simple and sane routine, disciplining herself and leaving the child free to develop naturally. As a rule, a mother like this fails to see her problem straight. Actually, she is not so much concerned with duty toward her baby; she is desperately straining to appease her conscience. The whole structure of her motives and behavior rests upon intricate personal issues that would come to light with difficulty. It is doubtful if the nurse or anyone else in her immediate surroundings can help her effectively. Her problem may be difficult enough even for the psychiatrist. The nurse can, however, be on the alert to appreciate her emotional stress and do all in her power to secure valid advice about it. In addition, she may be able to steer the mother somewhat in her conduct toward the baby, partly by specific suggestions on habit training and partly through the encouragement, as in other cases, of interests that will divert some of her overcharged energy.

Another reaction that the nurse may encounter, is that of disappointment in the baby, particularly as regards sex. Our traditions are such that even in liberal homes there is still a marked preference for boy babies. If the much wanted boy turns out to be a girl, the child may start life at a real disadvantage. Sometimes the disappointment of parents amounts to keen resentment, and all thought of the child's rights is lost in their determination to get even with fate. Josepha and Samuella are names that have actually been given to girls under such circumstances. One father and mother named their child Roberta and brought her up exactly like a boy. Her father always called her Bob, and from the time she was able to walk, took her boating, fishing, and horseback riding with him. She was encouraged to play with boys until she no longer understood girls or felt comfortable with them. Girls avoided her and boys thought her a freak. She became a strange repulsive child, with a hard muscular little body and odd masculine ways, a misfit whom nobody comprehended.

Fortunately, not many parents carry their feelings so far. But disappointment in the child may lead them to be needlessly harsh and exacting; the child may be driven toward ideals impossible to reach; and what is most common of all, he may live always in shadow, always conscious that he is not giving satisfaction. There is no time like the beginning to correct attitudes that can work so much harm. Again, the nurse may have to be ingenious, and she may have to marshal the help of all the family, but she ought to try to overcome any tendency to disillusionment when it first appears. The more humor and lightheartedness she can inject into the situation, the better, particularly on the mother's account, for there are mothers who in their over-wrought state will think of themselves as having failed if their expectations are not realized. But the baby, even though he does seem to fall short

of an ideal, has surely enough redeeming features to his credit to enable the nurse to "sell" him to his parents.

These are a few of the numerous situations which may confront the nurse in her dealings with the prenatal and early postnatal periods, and which challenge her best resources. There is no object in converting the nurse into a full-fledged mental hygienist, even if she wished to take on the rôle. Still, it is clear that there are certain functions within her power to perform in these periods of special crisis, which tend otherwise to be neglected, despite their material bearing on the welfare of both mother and baby. The art of mothering, and the successful meeting of the demands which maternity imposes, must depend to no slight degree upon considerations of mental health, by whatever name we know them, and the possibilities of any agency for promoting mental hygiene among mothers, cannot with safety be overlooked. The nurse definitely qualifies as one such agency, and should be welcomed to her responsibilities as speedily as possible.

NEW DIRECTOR INTRODUCED AT ANNIVERSARY LUNCHEON

The development of a nation-wide program of research in coöperation with American universities as a next step in the extension of the activities of The National Committee for Mental Hygiene was announced as a major objective for the near future at a luncheon held November 13 in New York City, in celebration of the Committee's twenty-first anniversary. The effort will be made under the leadership of Dr. C. M. Hincks, who was introduced as the new General Director of the organization, succeeding Dr. Frankwood E. Williams, who will retire on January 1st after fourteen years of service.

Dr Hincks is the founder and Medical Director of The Canadian National Committee for Mental Hygiene and a Vice-President of the International Committee for Mental Hygiene. In his address Dr. Hincks pictured the advances to be made during the next twenty years of work, if progress continues at the present rate, and suggested that a summary of the General Director's report in 1950 might run in part somewhat as follows:

"Thanks to generous financial support from far-visioned citizens and from great American foundations, painstaking mental hygiene research has been conducted in a vigorous way in collaboration with the leading university centers of North America. Through this research there has been collected a body of scientific data concerning the mental and social development of human beings that will be of more intrinsic value to the race than the findings of physics and chemistry. The practice of medicine has been revolutionized by the incorporation of mental hygiene principles. Human life is being prolonged and enriched by the focusing of medical attention, not on the individual organs of the body and their processes, but on man as a whole in relation to his entire environment."

Dr. William A. White paid a warm tribute to Dr. Williams for his fourteen years of service with the organization:

"As a teacher and writer, as advisor and consultant, Dr. Williams exerted a wide influence. To his leadership, energy and vision are due the stimulation of mental hygiene work in the colleges, the training of psychiatrists and psychiatric social workers for extramural mental hygiene work, the sound professional orientation of the child guidance movement, and the infiltration of mental hygiene through medicine, education, social work, criminology and other fields of work. He formulated the program of the First International Congress on Mental Hygiene, held in Washington last May, and was responsible, to a very considerable degree, for the success of this great conference."

At the business meeting immediately following the luncheon the following officers were reëlected:

Honorary President, Dr. William H. Welch; *President,* Dr. Charles P. Emerson; *Vice-Presidents,* President James R. Angell, Rt. Rev. William Lawrence, D.D., Dr. William L. Russell, and Dr. Bernard Sachs; *Treasurer,* Mr. Frederic W. Allen; *Secretary,* Mr. Clifford W. Beers.

Objectives and Functions of Public Health Nurses in School Nursing Services

The N.O.P.H.N. Education Committee has prepared these revised objectives and functions of public health nurses in school nursing services. They take the place of the former Objectives published in this magazine in February, 1926.

The primary aim of every public health nurse in a school nursing service is to help secure maximum health for every school child through his own intelligent coöperation and that of all others who control his environment.

She will realize most fully her opportunities if she sees the school health program in its dual relationships to the educational program and to the community health program. She serves as a connecting link between the school, the home, and the community health and social agencies.

The scope of her program varies in both rural and urban communities as it is influenced by conditions such as lack of medical service, restricted health and social resources in the community, and extent of area to be covered.

In rural districts where it is impossible for the nurse to visit schools regularly and frequently a greater degree of responsibility falls on the classroom teacher. The effectiveness of the school health program will depend on the interest of the teacher and the help and support she receives from the nurse.

The major difference between nursing service in elementary and secondary schools is one of emphasis and procedure brought about by the fact that the secondary student is becoming more responsible for his own health. In order to give the student the individual counsel on health matters which he needs and wants, the nurse must understand thoroughly the psychology of the adolescent.

The qualified public health nurse is able to contribute in the following ways to a coöperative program for health protection, health promotion, and health education:

A. Assistance in the promotion and development of an adequate health program in the schools by means of—
   1. The health supervision of pupils, through
      (a) Assistance to physicians in examinations.
      (b) Promotion of periodic inspections of pupils by means of:
         (1) Regular inspections for detecting symptoms of deviation from normal health, when there are no medical examinations.
         (2) Inspection of pupils—
            (a) Returning after absence due to illness.
            (b) Referred by teachers.
         (3) Inspection for control of communicable diseases with recommendations for exclusion as indicated.
      (c) Assistance in a program for the prevention of communicable diseases.
      (d) Advisory conferences explaining the need for the correction of defects.
      (e) Teaching principles of healthful living to individuals and groups of teachers, pupils, and parents.
      (f) Nursing care of emergencies and minor injuries according to standing orders.
   2. Such health supervision of the school personnel as circumstances indicate.
   3. Participation in promotion and maintenance of the hygiene and sanitation of the school plant.
   4. Participation in the development of an adequate health education by—
      (a) Interpretation to teachers of educational opportunities in such activities as:
         (1) Daily health inspection by teachers.
         (2) Weight and height records as measures of growth.
         (3) Findings of physicians' examinations and nurse inspections.
         (4) Health implications in the subjects taught.
      (b) Encouragement of daily inspections of students by teachers.
      (c) Conferences with parents and teachers in regard to such matters as the findings of examinations, inspections, and growth records.

(d) Participation in courses in hygiene or home economics by teaching those lessons which involve nursing knowledge and techniques.
(e) Conducting courses in child care, home nursing or first aid.
5. Promotion of school health committees or councils and their activities.

B. Enlistment of the interest of parents in the school health program and encouraging them to assume responsibility for health problems with full use of existing community resources by means of:
1. Visits of nurse to home for:
(a) Acquainting herself with the home environment to the end that it may be interpreted to the teacher and physician.
(b) Interpreting the findings of individual inspections, so that they may result in the promotion of health.
(c) Interpreting the findings of examinations and the advice of physicians in regard to the prevention and control of illness and the correction of defects.
2. Visits of parents to school for:
(a) Gaining familiarity with school environment and the aims of school health program.
(b) Conference with teacher and nurse on specific health problems.
3. Participation in work of parent-teacher associations or similar groups.

C. Coördination of the work of the school with that of other school health forces.

D. Development of relationships between the home and the school and all health resources of the community by—
1. Contact with local medical and dental practitioners.
2. Help in the development of health and social service resources of the community.
3. Coöperation with existing community health and social agencies.
4. Representation on health or social service committees or councils of the community.
5. Membership in public health, educational, professional, and civic organizations.

School Nurses! A new classroom growth record is now available from the American Child Health Association, 370 Seventh Avenue, New York City. The growth record encourages the educational use of weighing and measuring through emphasis on growth as shown by gain in height and weight. Printed in black on buff paper—23¾ x 19 inches. Single copies .03, 100 copies $2.50, 1,000 copies $21.00.

The 1930 annual conference of the National Society for the Prevention of Blindness opened November 17 in New York City with a session of particular interest to school nurses. The nurse's part, and the physician's responsibility in sight conservation were discussed by Mary Ellen Chayer, School of Nursing Education, Columbia University, and by Dr. B. Franklin Royer, Medical Director of the organization. Mildred G. Smith in a paper on eye defects of preschool children emphasized the destructive effect of vision impairment on personality. Miss Katharine Tucker presided at this joint session with the N.O.P.H.N.

One of the features of the conference was the showing, for advice and criticism, of a film on prevention of blindness being prepared jointly by the National Society and by the American University of Cairo, Egypt, which will soon be ready for distribution. With a change to Egyptian sub-titles this film will be shown throughout Egypt as well as in the United States.

Visiting Nursing in Holland

By W. G. Serton
Secretary, Dutch Visiting Nurse Association, Utrecht, Holland

VISITING nursing in Holland commenced about 1894 and was originally not organized. With the foundation of the Green Cross in 1900 organized visiting nursing began. The Green Cross is a private organization and has its local associations all over the country—it is non-sectarian and is endowed by the local authorities and different churches in places where these groups have no visiting nursing of their own. Members pay a yearly varying fee of two guilders, amounting to about two dollars considered by the American standard of living. This fee insures to members nursing care and the loan of any article required. The principal aim of the Green Cross is public health in its widest sense.

For a population of seven million we have about 1,200 public health and visiting nurses with the result that the greater part of the country is now under health visiting care.

In towns the work is mostly specialized, while in rural districts it is carried on a generalized basis, with the exception of maternity nursing. Quite contrary to what we saw last summer in the United States and Canada, this work is left to midwives, maternity nurses and trained home helps. The greater percentage of our visits are to acute cases. Patients are kept as much as possible from going to the hospital. This has the following advantages:

It is economical.
It is ethical.
It furthers public health.*

Home nursing proves beneficial to the patient as well as to his surroundings when the ideal is kept in mind that the hospital with all its conveniences may be brought into the home. It was with this ideal in mind that the lending cupboard developed and has become more and more useful and complete.

The contents of a lending cupboard in a generalized district nursing association of 800 members are listed below.**

Nearly every nurse in Holland does her visiting on bicycle, taking the district bag with her. Only as an exception you may meet a nurse driving her own car.

* *Editorial note:* These three reasons will surprise American readers. An allowance for the difference in conditions must be made.

** Air beds, air cushions, atomizers, baths (arm, leg, foot and eye, for babies and adults), hospital beds, back rests, bed pans, bed tables, bed cradles, bidet, blocks to heighten bed, breast pumps, catheters, chamber closets, crutches and sticks, croup kettles, electric cushions, electric hair dryer, enema syringes, extension apparatus, feeding cups, handkerchief receptacles, hot air chests, hot water bags, ice bags, incubators, kidney tray, leg rest, mackintoshes (rubber sheets), mackintoshes with sticks, medicine glasses, nipple shields, nose douche, irrigation (Pinkuss), rest chairs, screens (beds and windows), syringes (glycerine, ear, hypodermic), sputum receptacles, thermometers (fever and bath), urinals (male and female).

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, INC.

Edited by KATHARINE TUCKER

During the winter season and especially this year during the unemployment period, local organizations are working at top speed. There is increased demand for clinic service and for nursing care in the homes. Organizations are concerned with adjustments—fitting the budget and staff to the increased case load and its additional responsibilities. In times of stress there is fresh recognition of the importance of a national body to give impartial advisory service based on a nation-wide collection of facts. Thus the consultation service of the N.O.P.H.N. stands ready through correspondence, office interviews and field trips to assist its members in every possible way.

That the N.O.P.H.N. may not become biased or unwisely influenced by emergency considerations, it holds membership in the National Social Work Council where representatives of similar national organizations in health and social fields pool experiences and jointly analyze problems. The National Social Work Council makes possible the "Experience of all for the benefit of each."

The functions of national agencies are carried on in large part by field service which is recognized by the National Social Work Council as the very "heart" of every national agency's activity. They say in the south that when you once "put your foot on the road" you are charmed and have to resort to a witch doctor to get your foot off. The N.O.P.H.N. staff literally has its foot on the road, aiming to reach every state before the next Biennial, as the following report of field trips for October, November, and December will show:

Six of the staff have made field trips to 24 states covering the eastern, middle, northwest and southwest parts of the country. The south will be visited by Miss Davis after Christmas and in February Miss Tucker starts on a seven weeks' trip to the west coast, stopping en route in Denver and then proceeding to California, Oregon and Washington. Miss Tucker spent the first week of December in Michigan, visiting organizations in Detroit and the public health nursing course in Ann Arbor.

Miss Haupt made a three weeks' trip to the southwest in October and November during which 37 organizations were visited, 24 meetings attended, and 23 speeches given. In one week, in Texas, 1,200 miles were covered by automobiles between meetings.

This trip was planned with three chief aims in view—the first being to visit the State Organizations for Public Health Nursing which are branches of the N.O.P.H.N., and the Public Health Nursing Sections of the State Nurses' Associations. Questions of organization and relationship with the N.O.P.H.N. were discussed.

The second purpose was to get in touch with the public health nursing services of State Departments of Health. In this connection a week was spent traveling about Texas with Katharine Hagquist, and the better part of a week in Kentucky with Margaret East. Briefer visits were made with Mary Emma Smith of Arkansas, Golda B. Slief of Oklahoma, and E. Frederica Beale of Kansas. In addition, consultations were held with local organizations regarding specific problems, there being wide interest in the correlation and amalgamation of local services. In Kentucky the trip was made jointly by Miss Davis and Miss Haupt and thus both lay and professional services to public health nursing were studied on the ground.

INSTITUTES

Institutes have been the chief field activity of both Mrs. Hodgson and Miss Moore. They have been followed by many expressions of appreciation from those who attended. The tuberculosis institutes, given in coöperation with the National Tuberculosis Association, are in increasing demand and filling an obvious need. Likewise, social hygiene institutes planned jointly by the American Social Hygiene Asso-

ciation and ourselves are stimulating the inclusion of social hygiene nursing as part of the general program of public health nursing.

The success of institutes for nurses has so inspired the Board and Committee Members' Section that Miss Davis has launched forth on an institute program, the first having been conducted in Providence, R. I., in December. Organizations, local or state, interested in securing a staff member for institutes are advised to write well in advance as dates for the spring months are already being filled.

From these field trips and institutes a wealth of material has been brought back to the N.O.P.H.N. and a fresh enthusiasm for the splendid efforts being made to extend public health nursing services and to raise their quality. Progressive programs with active lay participation were found not only in cities, but scattered throughout distant rural communities. There is an eagerness on the part of student nurses to hear about developments in public health.

The two outstanding needs of the field seem to be—first, wider community support, financial and otherwise, so that services may be extended and expanded. Second—better prepared public health nurses. The latter need is a challenge to State organizations with full coffers and to interested local boards and individuals to assist in the establishment of loan and scholarship funds in order that nurses in public health nursing positions may attend accredited public health nursing courses in much larger numbers.

The N.O.P.H.N. is entering more definitely upon mental hygiene activities in response to a growing need expressed through letters to headquarters, and because an increasing number of public health nursing organizations are carrying out a program of staff education and service under a mental hygiene supervisor.

Through coöperative arrangements we are working closely with the National Committee for Mental Hygiene and with the National Association of Psychiatric Social Workers. From the latter a joint committee with the N.O.P.H.N. has been formed, the first meeting of which took place last month.

Nineteen nursing organizations are at the present time employing such a supervisor. We are now definitely attempting to learn just what program each of these organizations is carrying out, not from an evaluation standpoint, but in order that we may act as an information bureau and clearing house in this respect. The organizations where such a program is in progress are being visited by Ruth Gilbert, who joined the N.O.P.H.N. staff in September to give part time to the development of this program. It is hoped in this way to build up a fund of experience of known value which will be helpful to nursing organizations inaugurating mental hygiene programs.

Not only have members of the staff had their "foot on the road," but members of our Board and Committees as well. The Advisory Committee on Social Hygiene, the Magazine Committee, the Field Studies and Administrative Practice Advisory Committee met during the month of November.

The N.O.P.H.N. was widely represented at the White House Conference held in Washington November 20–22, through its members, members of the Board present were Miss Nelson, Miss Rand, Dr. Bishop, Miss Dines, Miss Wald, Dr. Emerson, Mr. Davis, and from the staff Miss Tucker and Miss Haupt.

THE CENSUS

The first step in the 1931 census of public health nursing is completed. Lists have been compiled for each state of all the agencies now engaged in public health nursing. In many states the lists were made up by the state supervising nurse, in others by the president of the S.O.P.H.N. or chairman of the public health nursing section of the S.N.A. and in a few by interested individual public

health nurses. The N.O.P.H.N. is greatly indebted to all those who have given so generously of their time.

The next step will be to gather information about all these agencies. During the last two weeks of January a census form will be sent to each of them. This form is to be filled out by the agency and returned to the N.O.P.H.N. What facts will be gathered can be seen from this summary of the census form. With complete information from every agency we will not only be able to say how far public health nursing has developed since 1924, but along what lines, and also who is assuming financial responsibility for it.

The lists of agencies received from each state for the 1931 census show that the number of agencies now doing public health nursing is greater than in 1924. But just how much public health nursing really has developed we will not know, unless each and every agency fills out and returns a census form. We are counting on each public health nurse to see that her organization answers the census form.

CENSUS OF PUBLIC HEALTH NURSING

Facts are to be gathered as of January 15, 1931.
Legal name of organization, city, county, state.
Date of present organization employing first graduate nurse for public health nursing.
Is this organization the outgrowth of a previous organization or organizations?
If so, give date when first graduate nurse was employed in the *earliest* organization.
Total number of full-time graduaute nurses (white and negro) employed January 15, 1931 (Number).
Employed as: Nurse Director or Chief Nurse (Number). Assistant Director (Number). Supervisor (Number). Staff Nurse (Number).
Total number of full-time negro graduate nurses employed January 15, 1931 (Number).
Employed as: Director (Number). Supervisor (Number). Staff Nurse (Number).
Nursing Program. Check the services given.

(1) Morbidity Service
- a. Care of non-communicable diseases
- b. Care of communicable diseases (exclusive of tuberculosis)
  - (a) Instructive or preventive care *only*
  - (b) Bedside care *only*
  - (c) Instructive or preventive care and bedside care combined
- c. Care of tuberculosis
  - (a) Special tuberculosis program: Yes—No

(2) Maternity Service
- a. Prenatal care
- b. Delivery care
- c. Postpartum care
- d. Newborn care

(3) Health Supervision Service
- a. Infant (under 1 year)
- b. Preschool (1 year and under 6)

(4) School Nursing Service
- a. Where given: public schools, parochial schools, other private schools.
- b. Grades served: elementary grades, high schools, both elementary grades and high schools

(5) Services given special emphasis because of a special program with or without a special worker
- a. Mental hygiene
- b. Nutrition
- c. Orthopedic
- d. Others

Health Conferences or Clinics Maintained:
Type of health conference or clinic.
Physician only in attendance, physician and nurse in attendance, nurse only in attendance.
If school nursing service is maintained give number of graduate nurses employed for full-time for this.
Area covered by the nursing service.
Name the counties, townships, cities, towns or villages, or the rural territory covered by the service.
Give the approximate number of square miles in area covered by nursing service.
Statistical report for last fiscal year: Number of cases under care during year. Number of visits made during year.
Receipts for last fiscal year (amounts)
Tax Funds, Capital Funds and Endowments—used for current expenses, Contributions, Earnings, Miscellaneous, Total.
Date last fiscal year ended, date schedule is filled in, filled in by, title or official position.

N.O.P.H.N. STATISTICAL SERVICE.

STUDENTS REGISTERED IN ACCREDITED COURSES

The questionnaire sent out each year by the N.O.P.H.N. to the directors of accredited courses of public health nursing regarding the number of students registered was discussed at a meeting of course directors in Milwaukee last June, as there was a feeling that certain of the terms on the questionnaire had not been interpreted similarly by all reporting. Decisions were made as to the meanings of these terms and definitions were added to the questionnaire sent out this year.

It was decided that the terms used in the questionnaire and in the table in this report have the following meanings:

Students registered: Individual students enrolled in regular classes and matriculated.
Number of students registered: Number of extension students not to be included.
For schools using quarter credit system
Full-time schedule: 13 or more credits
Part-time schedule: 12 or less credits

The report on the number of students registered in accredited courses of public health nursing includes figures for the newly established course given in the School of Nursing of Washington University, St. Louis, Mo. No information has been received from the Department of Hygiene, University of California.

NUMBER OF STUDENTS REGISTERED IN ACCREDITED COURSES OF PUBLIC HEALTH NURSING AND NUMBER OF CERTIFICATES AND DEGREES GIVEN ACADEMIC YEAR 1929-1930 AND SUMMER SESSION 1930

State	Institution	Year	Total registration	Graduate nurses registered	Undergraduate nurses registered	On full-time schedule	On part-time schedule	Cert. and Degrees given		
								Cert.	B.Sc. B.A.	M.S. or M.A.
		Aggregate registration	1054	995	59	892	162	149	67	9
Mass.	Simmons College School of P. H. Nursing Boston	Year 1929–1930	118	79	39	117	1	23	8	..
Mich.	Univ. of Michigan Dept. of P. H. Nursing Ann Arbor	Year 1929–1930 Summer Session	25 77	25 77	.. ..	21 77	4 ..	..	1	3
Minn.	Univ. of Minnesota Dept. of P. H. Nursing Minneapolis	Year 1929–1930 Summer Session	45 101	36 99	9 2	42 101	3 ..	23	5	..
Mo.	Washington Univ. School of Nursing St. Louis, Mo.	Year 1929–1930	8	8	..	8	..	3	4	..
N. Y.	Columbia University Teachers College Dept. of Nursing Educ. New York City	Year 1929–1930 Summer Session	194 111	194 111	.. ..	58 111	136 ..	..	25	5
Ohio	Western Reserve Univ. Sch. of Applied Soc. Sc. Cleveland	Year 1929–1930 Summer Session	27 25	26 25	1 ..	27 23	.. 2	17	..	..
Ore.	University of Oregon Sch. of Social Work Portland	Year 1929–1930	9	9	..	9	..	9	5	..
Penn.	School of Social and Health Work Dept. of P. H. Nursing Philadelphia	Year 1929–1930 Summer Session	17 30	17 30	.. ..	12 21	5 9	11	..	..
Tenn.	George Peabody College Dept. of Nursing Educ. Nashville	Year 1929–1930 Summer Session	117 69	117 69	.. ..	115 69	2 ..	6	3	1
Va.	Richmond School of Social Work Richmond	Year 1929–1930	16	9	7	16	..	3	2	..
Wash.	Univ. of Washington Dept. of Nursing Seattle	Year 1929–1930 Summer Session	30 35	30 34	.. 1	30 35	.. ..	54	14	..

In addition to the figures on the registration of students, information was gathered about some of the policies followed in schools offering accredited courses in public health nursing. A brief summary of the information given by the 11 courses follows:

Basis for determining that Hospital School of Nursing is "Accredited":
7 schools use "List of Accredited Schools" compiled by A.N.A.
3 schools use N.O.P.H.N. standards.
1 school uses A.R.C. standards.

Credit allowed for previous experience in public health nursing with an agency not affiliated with own course:
One school only reports that credit is allowed and this only occasionally.

Credit for prescribed subjects taken in another school:
10 schools allowed credit for this.
The basis for allowing credits for prescribed subjects taken elsewhere is determined by the general policy of the school or university giving the course.

Exemptions for prescribed courses taken in another school:
8 schools report exemptions allowed with the substitution of other subjects to make up number of credits required.

Credit towards a nine months' certificate in public health nursing for subjects taken in another school:
9 schools, giving nine months' certificates, allow credits. The maximum credits allowed are:

1 quarter or term of prescribed work	3 schools
9 hours	1 school
6 credits	1 school
2 units of credit	1 school

N.O.P.H.N. STATISTICAL SERVICE.

JOINT VOCATIONAL SERVICE APPOINTMENTS

Annie Gabriel, field advisory nurse, State Board of Health, Jacksonville, Fla.

Pearl Jones and Jane Kehrer, staff nurses, Visiting Nurse Association, Orange, N. J.

Louise La Porte, supervisor, District Nursing Association, Concord, N. H.

Jane Nicholson, educational director, East Harlem Nursing and Health Service, New York City.

Clara Peters, public health nurse, County Board of Health, Rockville, Md.

Helen Bloch, district senior nurse, Cattaraugus County Health Department, Olean, N. Y.

Julia Burlbaw, tuberculosis clinic nurse, Social Service Department, Mt. Sinai Hospital, New York City.

Anna M. Drew, staff nurse, Judson Health Center, New York City.

Dorothy C. Reynolds, staff nurse, Maternity Center Association, Brooklyn, N. Y.

Luise Schumann, staff nurse, Henry Street Visiting Nurse Service, New York City.

Mrs. Leo Stevens, county nurse, American Red Cross, Sac City, Iowa.

Catherine Trott, staff nurse, Association for Improving the Condition of the Poor, New York City.

Mrs. Henrietta Ablard, school nurse, Lake Geneva, Wis.

Grace Clark, staff nurse, Metropolitan Life Insurance Company, Rochester, N. Y.

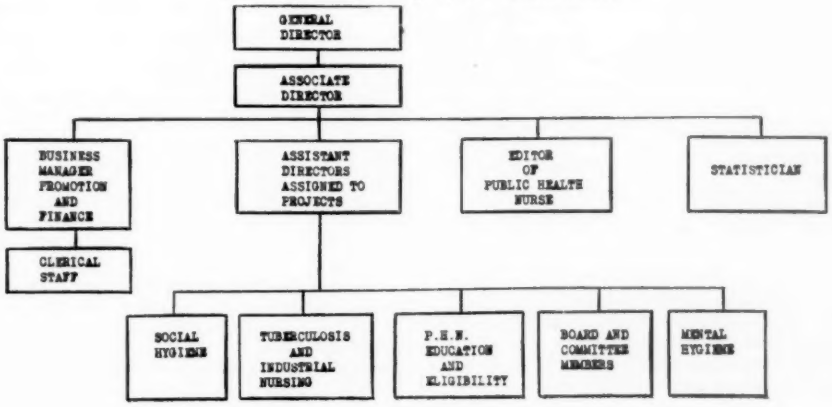
Thelma Ingalls, charge nurse, Out-Patient Service, Franklin County Memorial Hospital, Farmington, Maine.

Martha Jenny, state advisory nurse, State Board of Health, Madison, Wis.

Kharis Mayers, community nurse, Easton, Conn.

Eva McKeown, field nurse, Buena Vista Sanatorium, Wabaska, Minn.

Chart IV. The Staff of the N.O.P.H.N.



BOARD AND COMMITTEE MEMBERS' FORUM

Edited by VIRGINIA BLAKE MILLER

Board Member, Instructive Visiting Nurse Society, Washington, D. C.

Volunteer Service for Public Health Nursing Organizations

Analysis of Questionnaires

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

DURING the fall of 1930, questionnaires were sent by the National Organization for Public Health Nursing to a group of urban public health nursing associations, county health organizations, city health departments, and to school boards, requesting information as to the services which volunteers were rendering. The replies are summarized here, rather informally, and a few general principles deduced from the experiences reported.

In this study, a volunteer job is defined as one that would call for the work, other than nursing, of a paid member of the staff, or the paid work of an outsider, if the volunteer did not do it. The service offered by officers and board members of the organization incident to their positions as administrators, is not included.

VOLUNTEER SERVICE IN CITY ASSOCIATIONS

The following questions were asked:

Are You Using Volunteers in Your Association?

Seventy-six associations answered; fifty-six reported using volunteers, seventeen reported making no use of them at all. The largest per cent of cities using volunteers was found in associations employing between ten to twenty-five nurses and the lowest per cent in associations employing fifty or more nurses.

What Types of Volunteer Services Are Rendered?

The replies were as follows:

Clinic or health conference
Motor corps or transportation
Surgical dressing and supplies
General clerical work
Sewing
Mothers' clubs
Occupational therapy
Publicity
Christmas parties for chronic patients
Special nutrition work
Painting and mounting posters
Help with White House Conference
Help with "Costs of Medical Care" Study
Follow-up work done by Parent-Teacher Association
Junior League responsible for:
  Orthopedic clinic
  Fund raising
  Paying for needed supplies and appliances
  Bringing patients to clinic
Special Instances:
  Mother in community organized child welfare conference
  A retired civil engineer (aged 70) does full time volunteer work among four agencies, makes charts, graphs, spot maps, wraps packages, does minor repair work on furniture and supplies
  A group of young women under the mental hygiene supervisor have developed a nursery school for the children whose mothers attend mothers' clubs

The methods used to recruit volunteers showed that thirty-three associations were definitely carrying on a program of recruiting while others reported that volunteers came to them for work. The methods used follow.

Talks to groups of organization's needs
Publicity in newspapers
Junior League interest
Board member interest
Interest of volunteers already at work
Interest of other organizations in community
Interest of V.N.A. Auxiliary or Nurses Aid Society

Volunteers have come from the following sources:

Junior League
Women's clubs and societies
Church groups

Interested individuals
Board members and association members
Parent Teacher Associations
General public
King's Daughters Circle
Reserve League
Girl Scouts
Camp Fire Girls
Volunteer's Bureau, Federation of Social Agencies
Industrial club of girls

Forty-three associations out of fifty-six reported that there was a person responsible for selecting and placing the volunteer. Placing may be done by:

Chairman of Volunteer Committee	13
Organization or club supplying volunteers	11
Director of Association	4
Chairman of individual committee and director of association	3
Organization supplying volunteers and director of association	3
Board member	6
Supervisor of special work with which the volunteer is to help	2
Board and director of association	1

TRAINING AND SUPERVISION OF VOLUNTEERS

Twenty-six associations reported that they were training their volunteers, but only fifteen had training courses. The training is done in these twenty-six associations by the following:

Supervisor or other person in charge of work in which volunteer is engaged	8
Organizations and clubs supplying volunteers	4
Committee responsible for the work in which the volunteer is engaged	3
Director of organization and committee chairman	3
Director or assistant director or both	5
Board members	2
Director and nurses	1

Twenty-seven reported that a definite person had charge of supervision, as follows:

Supervisor, staff nurse, or other person on staff with whom volunteer works	7
Organization or club supplying volunteers	4
Director of association or assistant director or both	7
Director of association and chairman of committee	4
Chairman of committee with which the volunteer is engaged	3
Executive Board	1
V.N.A. staff and experienced volunteers	1

Fourteen associations out of the fifty-six have each volunteer job outlined. Eleven reported having instructions for certain jobs. Only fourteen associations required a monthly report from their volunteers.

RESPONSIBILITY FOR SUBSTITUTE

Twenty-eight out of the fifty-six reported that the volunteer was responsible for obtaining her own substitute.

PLANS TO KEEP VOLUNTEER IN TOUCH WITH ORGANIZATION

Twenty-one associations reported regular meetings of volunteers led by the following:

President of the organization responsible for supplying volunteers	10
Chairman of committee	7
Director of association or assistant director	3
Supervisors	2

The work of the association is presented to them by the following methods:

Periodical talks on phases of work and demonstrations by director or representative
Presentation of new projects by director
Talks by director and nurse in charge of clinics
Informal discussion

Six associations reported that the volunteer was invited to board meetings, and six reported that the volunteer was invited to staff meetings.

AVERAGE LENGTH OF SERVICE

Twenty-eight associations answered this question and the length of service ranges as follows:

1–3 years	9	associations
4–6 "	6	"
5–7 "	1	association
11–16 "	3	associations
1 hour to 5 weeks	3	"
Indefinite	6	"

ADVANTAGES OF VOLUNTEER SERVICE

The advantages of volunteer service are listed as follows, with forty-five associations reporting:

Creates more interest and better understanding in community of work of association	32
Saves time of nurse and makes possible greater volume of work	19
Has publicity value	7

Has economic value in actual service rendered	6
Interprets needs of organization to board members	2
Supplies needs difficult to get under budget	2
"Greatest asset; without volunteer, organization could not exist"	1

PROBLEMS OF SERVICE

The liabilities and problems are as follows:

Liabilities:

Irregularity of service	12
Lack of continuity of service	4
Possibility of misunderstanding situations	2
Loss of interest	2
Desire to give material relief	1
Possibility of over-enthusiasm for certain families	1
"Too talkative"	1
Lack of training and experience	1
Inexperience and indifference	1
Lack of supervision	1

Problems:

Cost of supervision and teaching
Scarcity of people with leisure time
Youth of volunteers—most of young girls not stable, "marry, go to live elsewhere or establish a home and do their own work!"
Finding suitable and sufficient projects to maintain activity and interest (Consumes time of director)
Keeping up volunteer enthusiasm
Finding interesting work for volunteers as well as work which they are capable of doing
Unreliability of the volunteer
Unwillingness of the professional to take time properly to train the volunteer
Continual effort to enlist enough workers to keep up with needed supplies
"In so far as the Junior League is concerned, summertime is the problem, when the number of workers is reduced, and our clinics are increased. However, we feel that so much more can be accomplished with the aid of the Junior League that this depletion of volunteers is met by extra nurses or other help"
"Too many people for the work we have to give them"

VOLUNTEER SERVICE IN RURAL AND COUNTY ASSOCIATIONS

In studying the returns from the selected group of rural and county associations, the material was so varied that it has not been possible to make any comparisons. Only those agencies have been selected, therefore, who were making regular use of volunteers.

The types of agencies include:

Red Cross services
Official county agencies
A school nursing program
A general hospital
A State Board of Health

The type of work done was practically the same as that listed in the city associations with the exception of a speakers' bureau, working up publicity for county fairs, recruiting classes in home hygiene and care of the sick and assisting the nurse in getting communicable disease cards filled out for each school child.

A new idea was added to methods of recruiting: "Wants" were published in the daily paper.

To the sources for volunteers were added the home divisions of the Farm Bureau and Sunday school classes.

There was not very much activity reported in training volunteers. Six agencies reported that some training was carried on but none of the organizations had any form of training course. Only three organizations had each volunteer job outlined and two had instructions, while only one association required a monthly report. However, ten organizations out of the number reported regular meetings of their volunteers which were conducted by the chairman of the nursing committee, the president of the association or community chairman, nursing chairman or local chairman. Six reported that volunteers were invited to board meetings and two to staff, but here it must be noted that most of the organizations reporting have just one nurse, so of course hold no staff meeting.

The average length of service follows:

Indefinite or varies	3
1 year	1
3 years	1
5 years, more or less	1
2 to 8 years	1
Not stated	5

The assets and liabilities of volunteer service reported by this group were practically the same as those listed for city associations. The effect of arousing interest in the community and the educational and publicity value of volunteer service were considered

the most worthwhile contributions of volunteers.

CONCLUSIONS

This study was made by the National Organization for Public Health Nursing because volunteer work has a real place in and value to public health nursing organizations. By the use of trained volunteers the organization's services may be enlarged so that the professional staff can extend its efforts into new and needy fields. By training volunteers, potential board members are being prepared to fill, and to fill more intelligently, their positions as administrators of community services. By sharing the program of the association with volunteers, a group of workers is developed who, thoroughly familiar with the objectives of public health nursing, can act as interpreters of those objectives to the community.

From this study and from the field experience of the extension secretary of the N.O.P.H.N. Board and Committee Members' Section, a few principles of procedure common to successful volunteer services may be cited:

Analyze the organization to see what jobs can be done just as well, and in some cases better, by a volunteer. Miss Clare Tousley of the Charity Organization Society in New York City has a slogan over her desk which reads "Who can do this job better than I?" and although she is one of the most expert professionals in her field, she says it is frequently a volunteer who has been best fitted for the special task.

Never ask a volunteer to give service unless there is a definite job to be done.

List all openings in your organization and the qualifications and training which are necessary for the volunteer to possess to fill each opening.

Decide who is to be in charge of the volunteers, either a member of the professional staff or a chairman from the board or some special committee chairman chosen from the community. The point is to have volunteer service under one particular person who, in consultation with the executive director, is completely responsible for it. Probably, it is usually best to place the service under a well qualified volunteer. The chairman of volunteers may be an ex-officio member of the board of directors, if not already a member.

List all the sources for recruiting volunteers in your particular community and be sure to tap all those available.

TRAINING AND PLACEMENT OF THE VOLUNTEER

Placing the volunteer requires just as much care as placing the professional worker. Study your applicant and consider her background, her interest, and her education and try to fit the right person to the right job. All too frequently a new volunteer will get an entirely wrong impression of the work of the association because she is poorly placed. Outline the job and its requirements to the volunteer. The higher standards you require, the better work you will get.

For specialized tasks, definite training courses must be given by the professional, but should not be given unless the volunteer promises definite hours of service. In some cases, instructions can be worked out and given to the new volunteer or she can be trained by an older volunteer thoroughly conversant with the work. Some kind of preparation for the new task is necessary. Her work should be supervised and she should be held to certain standards. Her particular job must be constantly related to the rest of the program. Since this volunteer is an interpreter to the public, she must know what the organization is trying to do. Her interest will also be much greater, and she will see her contribution as a part of the whole service.

Meetings of volunteers can be made worth while when talks are given about the work. There should be an opportunity to meet the board and staff, if not by attendance at their regular, respective meetings, at informal group meetings, because the volunteer is just as much a part of the public health nursing program as the board and the staff. It is not necessary to be con-

stantly thanking the volunteer for her services! She is gaining a great deal for herself from this opportunity to share in the public health nursing program.

There should be opportunity for advancement of the volunteer to more responsibility just as there is for the paid worker. The feeling that a task well done merits further responsibility should be fostered. A volunteer thus developed will make a valuable board member, and the membership committee of the board will be wise in selecting new members from time to time from well qualified volunteer workers.

Volunteer service recruited wisely, by some one responsible person, placed thoughtfully, trained adequately and supervised thoroughly, with a demand for the same standards as one would ask from paid service, should prove an asset to any public health nursing organization and far outbalance the liabilities in using volunteers in the program.*

A SUCCESSFUL INSTITUTE

Over 200 board members attended the institute held under the auspices of the Henry Street Visiting Nurse Service in New York City, November 11–12. Representatives from 9 states were present, 50 cities and 67 agencies being represented. Miss Lillian D. Wald presided at the meetings.

Dr. C.-E. A. Winslow of Yale University gave an inspiring address on "The New Leadership." ** Miss Elizabeth G. Fox analyzed four types of organization. Mrs. Roessle McKinney defined the responsibilities of board members in relation to the community, staff and public health program.** Miss Mary S. Gardner discussed the papers and added a plea for appointing more men to boards of directors.

Dr. Haven Emerson presided at the dinner meeting. Dr. George Bigelow, Dr. Shirley Wynne and Dean Annie Goodrich were the speakers.

Speakers the following day included Mr. William Hodson—speaking on community organization and unemployment, Miss Gertrude Peabody on methods of community organization, Mrs. John S. Sheppard on educating the board member, Mr. Max Mason on the field of private and official effort, Miss Frances Perkins on why good board members are needed, and Mrs. Charles S. Brown on volunteer service.

Round Tables on the last afternoon gave an opportunity for questions and answers. This was altogether a successful and constructive institute.

* In this connection, readers will find "Volunteer Service" by Mabel T. Boardman, Secretary of the American Red Cross, *World's Health*, Oct.–Dec., 1930, of interest.

** To be published in a later number of this magazine.

POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING

ADVENTURES IN PRACTICE

The following two contributions to this department have been received from Robina Kneebone, Professor of Public Health Nursing, Richmond School of Social Work and Public Health, College of William and Mary, Richmond, Va. The first "adventure" describes a method of teaching students the broad aspects of a public health job. The second describes a "'Star' reporter" in the making.

We, who teach, are often disturbed in mind about the relative importance of theory and practice in the training of our students. The division agreed upon, we are then beset to provide the practice field and cultivate participation by the students. The far-seeing and considerate division of Public Health Nursing of the Virginia Bureau of Child Health provides the students of the public health course of the College of William and Mary with the field, the leaders, and the student participation.

A Saturday morning conference at the state office building in the office of the director of public health nursing, is a regular part of our program for the week. After roll call which includes the students in the course, we listen to the reports of the state staff, who have been in the office or in the field during the week. Problems that have been met and are now to be solved are shared with us; the anticipation of situations shortly to be met, are all included in the discussion that follows the reports.

Then comes our turn, and we are asked what we have been doing at school during the week. This puts us on our mettle to do something worthy of mentioning in public. It also provides for the student perhaps her first experience in public speaking, so necessary for public health workers. One forgets the national reputation of the director of the department, when she is a friend asking of a new student, "Can you help us this month in working out a design for our program?" and the student is happy to be asked to take part in a state-wide program. "How many Five Pointers have you in your group this semester?", makes the Five Point program for which Virginia is famous, a reality long before the nurse is out in a county.

"I have a most interesting report from blank county," says the Director, and thereupon she reads of a nurse's actual accomplishment.

"I went out to blank county this week and held a midwives' class," says the Director of Midwife Education; and midwives and their problems and the need for their education is no longer a theory but a bit of actuality. "We have three thousand women taking the Mother's Correspondence Course, and many new enrollments this week." At once the needs of mothers and their desire to learn, are part of the experience of the nurse, while she is still a student.

Each week is a different story, but all is a part of the fabric of common understanding, coöperation, and participation that is the foundation of successful public health nursing. What stirring of ambition for usefulness and success is experienced by the prospective nurse when she hears of the realities being accomplished in her chosen field! We, as the fortunate recipients of this adventure in practice, would not miss one Saturday morning conference at the State Department of Health for anything.

"THE STAR"

"How am I to write newspaper notices?" or, "I haven't time for publicity," are phrases too often on the tip of the public health nurse's tongue. But does not psychology tell us that what we fear is the "unknown" or that which we do not understand? If that

be so, nurses need some opportunity for expressing themselves in print before they go out in the field.

Students of the Public Health Nursing Course at the College of William and Mary, elected one of their group as editor of a little paper called "The Star," thus named for the star showing the five points of an important part of the Virginia Health Education program. "The Star" also appealed to us as a symbol of something to reach toward or a goal in public health.

Articles of interest to the nursing group were written as news, class papers and assignments that had been adjudged the best production for the month or especially successful were considered as copy. Originality of endeavor was encouraged. One bit of creative work was the writing of a play called the "Wishing Star" by students with the five points of the star as individual assignments.

The paper has evoked considerable interest on the part of the other members of the faculty and student body. It is a most informal sheet, written on the typewriter or a multigraph machine. The load is distributed among the members of the class, as is the cost of production. Issues are two weeks or a month apart. This gives time for consideration as well as ease of publication.

It has been found that active participation in the publishing of the "Star" gives the students a form of self-expression that cannot be secured in the classroom or through a less natural outlet.

WHO SHALL OWN THE CAR?

The experience of twelve such firms as the B. F. Goodrich Rubber Co., Pillsbury Flour Mills Co., Mead Johnson and Co., shows a wide difference of opinion on the question of whether automobiles for field staff use should be company owned, or a mileage rate paid to the individual owner. The advantages of company owned automobiles are given as follows:

More convenient, greater economy, greater control in use, insurance, and liability, better condition of equipment, more uniform appearance, elimination of difficulties when staff member resigns, relieves staff of responsibility, does away with question of allowances, does not take capital of staff member, provides all maintenance on economical operation.

Arguments in favor of staff owned cars are:

Better care of own cars, better satisfied with own cars, relieves company of investment, eliminates contention caused by using company cars for personal purposes. The usual reimbursement rate per mile as stated was eight cents.

The "flat rate" per week or month had the following disadvantages: Unfair to the worker covering a sparsely settled area where mileage was at a maximum and operating cost high, money apt to be spent by worker on other things so that as car wore out and time came to purchase a new one, worker could not replace; unexpectedly expensive repair bills could not be met by worker from his budget; worker usually dissatisfied with rate.

Flat rates varied from $1.50 per full day's use in restricted city area to $6.00 per day. "It is better to allow the worker a per day rate and pay by the week so as to apply only to the days on which the car is actually in use."

All agreed it was very difficult to check mileage, and that arguments arose over whether use was entirely for business, or partly personal.

The "reported expense" plan does not encourage saving. It is not generally used, and is always limited as to amount of repairs chargeable without special approval.

"There seems to be a decided trend toward company ownership of cars. Those who seek closer control of their workers favor company ownership. Companies owning cars claim operation costs are lower."

—Printers' Ink, October 16, 1930.

REVIEWS AND BOOK NOTES

Edited by RUTH GILBERT

CHILD ADJUSTMENT IN RELATION TO GROWTH AND DEVELOPMENT

By Annie Dolman Inskeep. D. Appleton & Co., New York. $3.00.

As may be readily seen by the title, Dr. Inskeep has struck a new chord in the literature on childhood, the need of which has been keenly felt by workers in the field of child health, whether the emphasis of their particular task has been on physical or on mental health.

The book is long, as is warranted by the scope of the subject. In it we find quoted a large amount of data from recent research. Much of this is available in its original form, and is already familiar to many of us, as the works of Baldwin, Terman, Woolley, and others. However, the author has placed these in new relations to make more valid her conclusions as to interactions of growth and adjustment in their many forms. Dr. Inskeep's very thorough use of sources also puts at our disposal a long list of references, many of which will afford to the casual student perhaps the first discovery of reliable research in certain quarters. One might add here that to those of us limited in the use of foreign languages the summation of various studies made in other parts of the world is an additional service rendered by this volume.

Very definite attention is given to certain specific subjects, such as eyes, ears, posture, teeth, handedness and footedness, all of which, in the author's opinion, play an important rôle in adjustment.

In addition to the wealth of concrete material, there is woven all through the entire work a fine philosophy which comes from rich experiences in education, and varied contacts with childhood, which makes the book more than a collection of facts.

In the latter half of the book, stressing psychological aspects of growth, the author strikes an easier stride, being here in her own territory. References and quotations are still numerous and apt.

The organization of the book is based on class room teaching for college students or parent groups, with questions and exercises at the end of each chapter. Probably of more value than this to the individual student is the consistent and subtle way in which the author leads the reader's mind along the line of increasing familiarity with modern research, not only its conclusions, but the various methods by which these have been derived.

One of the greatest contributions of the book is the clear insight into broader problems of education confronting the school systems of today, and the sympathetic but uncompromising exposition given to these.

ROSAMOND PRAEGER

PUBLIC HEALTH NURSING IN CLEVELAND, 1895-1928

By Irene M. Bower.

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Social Administration at Western Reserve University.

The annals of nursing are the richer for this carefully accurate, historical review of public health nursing in Cleveland. Again Cleveland has set a landmark, this time in making a wide cross-section analysis of the development of all the public health nursing activities in the city. The valuable data in this review is produced in such form that it reaches the standard of excellence required for a master's thesis, at the same time remaining throughout readable and full of interest.

Not only is the material pertinent locally, but it is of wide historical interest to nurses and nursing organizations everywhere, especially, perhaps, to the National Organization for Public Health Nursing. For example, the

Cleveland Visiting Nurse Association designed and presented to the N.O.P.H.N. the seal of the organization. It is also the parent of THE PUBLIC HEALTH NURSE. Miss Bower tells of these important developments and also reveals through the steady progress of the local organization, the present trends in public health nursing.

Two quotations may serve to illustrate the pioneer work done by this organization. In a report written in 1900 by the first "district nurse" of Cleveland, the statement is made "I need hardly say that this experience has deepened my convictions . . . that the causes of sickness and need of prevention are more important than my direct work as a nurse."

In summarizing an account of the help given the Visiting Nurse Association by lay workers, another significant word is said. "A project in public health nursing requires both a well trained personnel and an actively interested group of lay people to achieve its purpose. And given the latter, the former can be acquired, as has been proved by the development of the activities of the Visiting Nurse Association of Cleveland." Dr. Haven Emerson is quoted as saying "Cleveland has gone farther than any city in the country in the marshalling of its voluntary community resources, both financial and organization for social service."

It is interesting to note that Miss Bower is organizing a mental hygiene program for the Cleveland Visiting Nurse Association as mental hygiene supervisor.

ALMA C. HAUPT

PIONEERS OF PUBLIC HEALTH

By M. E. M. Walker. The Macmillan Co., New York. $4.50.

Standing out in bold relief on the façade of the London School of Hygiene and Tropical Medicine are the names of twenty-one men eminent in the various branches of knowledge which go to make up hygiene and tropical medicine. These names were carefully selected by a committee which realized the possibility of diverging opinions on this delicate decision. Of the twenty-one names, twelve are British; four from "The United States of North America"; three from Central Europe, and two from France. The four Americans who are a part of this august company are Lemuel Shattuck, the layman; Major Walter Reed, General William Crawford Gorgas and Hermann M. Biggs.

Mrs. Walker has accomplished much more than a compilation of a series of "lives of great men." The volume has a unity in the contribution which each thinker, carefully portrayed, brings to the science of public health. One may be a soldier and one a statistician, but the results for furthering of the purposes of public health are the same.

Each chapter sums the lifetime of one of these men in a graceful, capable way—a welcome foil for the many impressionistic studies published in this day. The book is bound in brown cloth, rather misrepresentative of the charm that lies within. "Pioneers of Public Health" is beautifully conceived in the paper and type used and in its entire arrangement. Each chapter is prefaced by a sympathetic and interesting portrait, and the frontispiece reproduces a delightful drawing of the London School of Hygiene and Tropical Medicine. This is a volume which it would be a delight to own. Parenthetically, we shall have to forgive a Britisher for speaking of "Smith's College, Massachusetts."

R. G.

SEVEN DAYS' DARKNESS

By Gunnar Gunnarsson. The Macmillan Co., New York. $2.00.

This story, in translation, of a ravaging influenza epidemic in Reykjavik, Iceland, is summarized in a day by day account. The disease is brought to the city by boat, spreads gradually, imperceptibly, but finally stills the activities and saddens the life of the entire city. Twelve doctors work day and night and volunteers are impressed for care of the helpless sick. The story is rendered more sinister, and perhaps more unreal, by the fact of a coincidental

volcanic eruption at some distance, the glow from which lights the suffering town. Dr. Grimur Ellidagrimur, the physician who is the book's chief character, breaks under the combined weight of overwork and emotional strain. The novel seems least artificial when dealing with problems of the influenza epidemic.

A HANDBOOK ON HEALTH TEACHING

By Rose Bland. Faber & Faber, Ltd., London.

This handbook is a conveniently arranged collection of talks prepared for mothers' groups. Chapters one and two on "Why Health Teaching is Necessary" and "Notes on Teaching" are addressed to the nurse who teaches the mothers' groups, and are invaluable in their suggestions for gaining the interest of the mothers and for presenting material in such a way that it will be remembered. Five lectures on prenatal care are given; six on infant care, and three on the care of the preschool child. One feels the latter could be further developed. One notes also a few points in technique at variance from generally accepted procedure in this country but the subject matter in general is interesting and worthwhile and is arranged in usable form.

THE MONEY VALUE OF A MAN

By Louis I. Dublin and Alfred J. Lotka. Ronald Press Co., New York. $5.00.

The authors of this study are respectively the statistician and the supervisor of mathematical research of the Metropolitan Life Insurance Company, bringing to this report of five years' research, statistics from a highly reliable source. Nurses will be especially interested in the chapter "Application to Public Health" which sums up the dollars and cents value of health work to the community. Other chapters such as "The Burden of the Handicapped and the Residual Value of an Impaired Life" and "Disease and the Depreciation of the Economic Value of the Individual" are not less applicable to health workers' problems. The book contains more than 80 tables in form convenient for use, giving the money equivalent of a man in a wide variety of circumstances of age, earning power, and physical condition.

Living the Healthy Life, a pamphlet on health habits for adults, has just been issued by the John Hancock Mutual Life Insurance Company, Boston. Dr. Jesse F. Williams is the author and has based this material on his "Personal Hygiene Applied," published by W. B. Saunders Company, Philadelphia. The subject matter includes outdoor recreation, food, sleep, cleanliness, and a word on applied mental hygiene. The cover decoration is an attractive out-door scene. The pamphlet is free.

Care of the Handicapped, an article by Edward Hochhauser, in Hospital Social Service for November, discusses the tuberculosis problem from the angle of the "large number of sanatoria graduates who on discharge are unequal to the full time job or whose work capacity is uncertain." The Altro Workshops, New York City, are described as one type of solution.

For those of us who enjoy reading about ourselves, there is a most sympathetic article in *Hygeia* for December, entitled *Knocking at Your Door* by W. W. Bauer.

Dr. Thomas D. Wood and Miss Anette M. Phelan of Teachers College, Columbia University, have just issued a new chart called *I Am Growing Up.* This is intended for the individual use of the child to record his progress month by month in weight and height. It will be found profitable to use as an educational means of interesting children in their growth. No height-weight tables are on the chart, the emphasis being on growth record rather than measuring up to any "average" or "normal" weight. These can be obtained directly from the Bureau of Publications, Teachers College, Columbia University.

The National Bureau of Casualty and Surety Underwriters has issued a leaflet of *National Tests in Safety Education,* by Herbert J. Stack. It consists of a list of questions on Safety with a scoring method suitable for pupils in the higher grades. And not too easy for public health nurses! It may be secured from the National Safety Council, 1 Park Avenue, New York City.

The American Social Hygiene Association, 370 Seventh Avenue, has prepared *valentines*—this year using a sea motif—available at 5¢ apiece.

The Effect of Noise on Hearing of Industrial Workers, published by the New York State Department of Labor, Albany, N. Y., will interest industrial nurses. This is Special Bulletin No. 166, prepared by the Bureau of Women in Industry.

Newspapers the country over have given wide publicity to the Noise Abatement Commission of the Department of Health in New York City. *City Noise,* a unique report of the eight months of work, has more than local interest because of the nature of the material and the picturesque presentation. The report quotes from Joyce Kilmer:

The truck and the motor and trolley
car and the elevated train
They make the weary city street re-
verberate with pain.

FROM ALLIED FIELDS

THE LONG VIEW
By Mary E. Richmond. Russell Sage Foundation, New York. $3.00.

The significant papers and addresses of Miss Richmond are here made available in a single volume. The 89 papers are arranged chronologically, each preceded by a biographical note. Some of these are on cultural subjects. Miss Richmond has been described as "the prophet and leader of what we know as the C.O.S. movement in Europe and America." This book with "Social Diagnosis," uniformly bound, is priced at $4.75 for both volumes.

A report of *Salaries and Vacations in Family Case Work in 1929* has reached us, published by the Russell Sage Foundation, price 10 cents, based upon 264 agencies. Though the facts contained in the pamphlet are concerned only with the family field, the data presented are of considerable value in relation to similar problems in the field of nursing.

What the Visiting Teacher Does for Country School Children is the title of a small folder received from the National Committee on Visiting Teachers, 8 West 40th Street, New York City. This is attractive and well-worded material, useful to the rural nurse who may have contact with this work for rural children, still very much in its infancy.

In a review of "*Books*" (R. L. Duffus, Houghton Mifflin Co.) Leon Whipple writes: "It is startling, for instance, to know that this rich and literate nation consumes two books per capita a year, and exposes its citizens to seven, by sale, library and borrowing. This means, of course, that millions read no books at all. . . . We actually spend more on greeting cards than we do on books."

While the study indicates that the level of taste is rising, "on the whole we have failed to make reading interesting to large numbers of adults. They are afraid of reading and dislike it; they read slowly, with tension and are soon fatigued. The schools have not trained them to enjoy reading; and even the language and typography of books are not studied to overcome their distaste. The challenge is to education to make readers, and authors to make books that they will want to read."

NEWS NOTES

In October, Mildred Smith, director, nursing activities of the National Society for the Prevention of Blindness, was married to John B. Chambers in Newtown, Bucks County, Pennsylvania. Miss Smith's resignation from the National Society will take effect the first of the year. Mary Emma Smith, supervisor of nursing in the State Board of Health, Little Rock, Arkansas, has been appointed to succeed Miss Smith.

Since 1907 the observance of the last Saturday and Sunday in January as "Child Labor Day" has been increasingly recognized. In 1931 this custom of holding an annual review of the child labor situation is especially timely, following so closely upon the White House Conference.

Child Labor Day presents the opportunity to the people of any state to give thought once again to the conditions of child employment in their own community. Anyone interested in knowing more about child labor conditions can secure information from the National Child Labor Committee, 215 Fourth Avenue, New York City.

The Pennsylvania State Organization for Public Health Nursing held its annual meeting in Allentown, October 31st, the last day of the State Nurses Convention. A new plan was tried this year of having round tables in the morning and general sessions in the afternoon and evening.

The following round tables were conducted:

Staff Nurses—approximate attendance	100
Executives and Supervisors	85
Industrial Nurses	65
School Nurses	175
Rural Nurses	60

The response to the round tables far exceeded our expectations. The afternoon session was given over to mental hygiene:

Developing a Community Mental Hygiene Program—Dr. Samuel Sandy.

The Child in a Mental Institution—Dr. Henry Klopp.

Mental Hygiene Nursing in a Visiting Nurse Association—Katherine Brownell.

In the evening Miss Sophie Nelson, President of the N.O.P.H.N., gave a most instructive address on "Appraising Your Community."

In addition to a very interesting and stimulating meeting there were two outstanding accomplishments—the organization of an Industrial Section of the S.O.P.H.N., and the organization of the lay group on a state-wide basis.

The annual meeting of the Graduate Nurses' Association of Connecticut will be held in Waterbury, February 4, 5, and 6.

A National League of Mental Hygiene has been organized in Buenos Aires, through the efforts of the Argentine Society for Neurology and Psychiatry. The new league will study means for preventing mental disorders and will work for the application of the principles of mental hygiene in schools, industrial establishments, and elsewhere.

A conference of health and welfare workers was held in Washington on October 29, 1930, to consider ways and means of controlling the high mortality of colored people in rural communities and congested cities. National Negro Health Week, founded by the late Booker T. Washington, had done much good in teaching the Negroes habits of better living, but now needs substantial aid in achieving its greatest usefulness as an agency for the general health welfare of all Americans. An executive committee to consider the year-round health movement was named by the conference. Plans were made for observance of the next National Negro Health Week, April 5, 1931.

Members of the Women's Auxiliary of Los Angeles County, Calif., assembled at the East Side Health Center recently for a study of public health activities of the county and their relations to practicing physicians. The Women's Auxiliary is composed of wives of physicians practicing in Los Angeles County and has a membership of more than five hundred women. The value of health center emergency hospital and medical equipment to the physician and the value of volunteer physicians to the health centers were pointed out by the county health department staff.

Arrangements have been made by the Illinois State School for the Deaf, Jacksonville, to provide on request an experienced staff with audiometer equipment to make free hearing tests of school children wherever desired. The purpose of the service offered

is to locate children having hearing defects with a view to promoting treatment when advisable and recommending suitable modification of teaching facilities when it is necessary. More than 200,000 children of school age in Illinois have defective hearing.

Rate of persons under care in state hospitals for the insane has increased from 81 per 100,000 of general population in 1880 to more than 220 in 1930, according to United States Public Health Service figures. New York reports that the U. S. Public Health Service is conducting a nation-wide study of maladjusted mentalities, following the authorization by Congress of a new division of mental hygiene. Dr. Walter L. Treadwell is directing the work.

In New York State a patient enters a state hospital every 48 minutes. Also, a patient is committed to the state hospitals for the criminal insane every 38 hours. No wonder that million dollar bond issues for state hospitals are necessary!

The Central Council of Nursing Education in Chicago is arranging an institute for lay boards of hospitals and public health nursing organizations February 17. Alta Elizabeth Dines will speak on public health nursing, Miriam Ames on hourly nursing, and Surgeon General Cumming on the responsibility of the citizen for community health.

The Seventh Annual Meeting of the American Heart Association will be held on Monday, February 2, 1931, in New York City.

The mental hygiene program of the Atlantic City Visiting Nurse Association is now developing under the guidance of Margaret Leavitt, R.N., who is acting both in a supervisory and educational capacity to the staff and as worker in the child guidance clinic organized by this Association. Miss Leavitt obtained her training in psychiatric social work at Smith College.

A new meaning is to be given Mother's Day in 1931, according to plans made by the Maternity Center Association, New York City. A national campaign is to be instituted which will direct public attention on May 10 to the fact that America's death rate from causes connected with maternity is the highest in the civilized world—three times greater than that of Denmark. Practically two-thirds of these deaths have been shown to be preventable in a recent study made by Dr. Louis I. Dublin.* The effort to put Mother's Day to this constructive use has received the approval of Surgeon General Cumming of the U. S. Public Health Service and of the Children's Bureau.

The meeting of the Middle Atlantic Division of the American Nurses Association is to be held in Baltimore, April 9–10.

Agnes Dillon Randolph, a pioneer in public health, and the director of the out-patient tuberculosis service of the Virginia state department of health, died suddenly December 3 at Richmond. Miss Randolph was a great granddaughter of Thomas Jefferson. She was the founder of the chair of nursing at the University of Virginia, of the preventorium at Catawba Sanatorium, and an ardent and distinguished worker in the field of tuberculosis prevention. Public health nurses and public health have lost a noble friend.

APPOINTMENTS

(*See also page 32*)

Helen Meyers, itinerant nurse, American Red Cross, midwestern branch office.

Olive Marie Whitlock, public health nurse, Atchison County, Missouri.

Mary Schmalzbauer, Scott County public health nurse, Minnesota.

Susie V. Hambleton, staff nurse, Harris County Chapter A.R.C., Houston, Texas.

Georgia Harrison, Greene County public health nurse, Bloomfield, Ind.

Mrs. Hazel H. Losseff, Washington County public health nurse, Salem, Ind.

Veronica Buckley, county nurse, Middlesex County Tuberculosis League, Perth Amboy, N. J.

Clara Baxter, industrial nurse, Nordberg Manufacturing Company, Milwaukee, Wis.

* The report, involving 4,726 mothers, appears in the December (1930) issue of the *American Journal of Obstetrics and Gynecology*. An interesting comparison can be made of the death rate of mothers living in the section covered by the Association (2.2) and the one prevailing among mothers living in the same district of New York, but not receiving the care of the Maternity Center Association, which was 6.2.

Official Directory

Listing nurses holding executive positions in states and officers of State Organizations for Public Health Nursing and Public Health Nursing Sections of State Nurses' Associations.

Information as of December 1, 1930.

The National Organization for Public Health Nursing, Inc. — President, Sophie C. Nelson, 197 Clarendon St., Boston, Mass. Director, Katharine Tucker, 370 Seventh Ave., New York, N. Y.

Nursing Service, American Red Cross—National Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Public Health Nursing Service, American Red Cross—National Director, I. Malinde Havey, American Red Cross, Washington, D. C.

Midwestern Area: Assistant Director, Mrs. Elsbeth Vaughan; Assistant Director, Louise Kinney, 1709 Washington Ave., St. Louis, Mo.

Pacific Area: Assistant Director, Rena Haig; Assistant Director, Eugenia Klinefelter, Larkin and Grove Sts., San Francisco, Cal.

Eastern Area: Assistant Director, Margaret Reid; Assistant Director, Annabelle Petersen and Myrtie E. Taylor, American Red Cross, Washington, D. C.

U. S. Army Nurse Corps—Superintendent, Major Julia C. Stimson, Dean, Army School of Nursing, Washington, D. C.

U. S. Navy Nurse Corps—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

U. S. Public Health Service, Nurse Corps—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

U. S. Veterans' Bureau Nursing Service—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau—Supervisor of Field Nurses and Field Matrons, Elinor D. Gregg, U. S. Department of the Interior, Office of Indian Affairs, Washington, D. C.

Alabama

State Board of Health—Bureau of Child Hygiene and Public Health Nursing, Director, Jessie L. Marriner, 519 Dexter Ave., Montgomery.

American Red Cross Nursing Field Representative—Margaret Dizney, American Red Cross, Washington, D. C.

State Nurses' Association Paid Executive—Linna H. Denny, 1320 N. 25th St., Birmingham.

State Tuberculosis Association Field Nurse—Ellen B. Brown, 1001 Protective Life Bldg., Birmingham.

Arizona

State Board of Health — Supervising Nurse, Helen Bocock, Court House, Tucson.

American Red Cross Nursing Field Representative—Calista Crown, Civic Auditorium, Larkin and Grove Sts., San Francisco, Cal.

Arkansas

State Organization for Public Health Nursing—Pres., Mary Emma Smith, 2401 W. 16th St., Little Rock. Sec., Mrs. Cledys Boswell, Russellville. Treas., Mary Tucker, 2320 Louisiana St., Little Rock. Chairman Membership Committee, Mrs. W. G. Play, 809 N. Jackson St., Little Rock.

State Board of Health—Supervisor Public Health Nursing, Mary Emma Smith, Little Rock.

American Red Cross Nursing Field Representative—Etta Lee Gowdy, 1709 Washington Ave., St. Louis, Mo.

California

State Organization for Public Health Nursing—Pres., Mrs. Helen Halvorsen, 1926 Leighton Ave., Los Angeles. Sec., Mrs. Kathryn H. Saunders, 1521 Maple Ave., Los Angeles. Treas., Harriet Baird, 6610 Malabar St., Huntington Park. Chairman Membership Committee, Lona C. Dunham, 314 E. Union St., Pasadena.

State Department of Public Health—Ethel A. Fisher, Advisory Public Health Nurse, Sacramento.

American Red Cross Nursing Field Representative—Calista Crown, Civic Auditorium, Larkin and Grove Sts., San Francisco.

State Tuberculosis Association Field Nurse—Beatrice Woodward, 582 Market St., San Francisco.

State Nurses' Association Paid Executive—Anna C. Jammé, Director at Headquarters, Room 502, 609 Sutter St., San Francisco.

Colorado

Section on Public Health Nursing of State Nurses' Association — Vice-Chairman,

Mrs. Edith Neilsen, 650 So. Corona, Denver. Sec.-Treas., Mrs. Dorothy Lepper, 414 14th St., Denver.

American Red Cross Nursing Field Representative—Elizabeth Reynolds, 1709 Washington Ave., St. Louis, Mo.

State Tuberculosis Association Field Nurse—Ruth E. Phillips, 305 Barth Bldg., Denver.

Connecticut

Section on Public Health Nursing of State Nurses' Association—Chairman, Florence Whipple, 35 Field St., Waterbury. Vice-Chairman, Harriett Parker, 157 Litchfield St., Torrington. Sec.-Treas., Ethel R. Biggs, 1011 Main St., East Hartford.

State Department of Health—Bureau of Public Health Nursing, Director, Sarah R. Addison, Hartford.

American Red Cross Nursing Field Representative—Cecilia P. Houston, American Red Cross, Washington, D. C.

State Nurses' Association Paid Executive—Margaret K. Stack, Executive Secretary, 175 Broad St., Hartford.

Delaware

Section on Public Health Nursing of State Nurses' Association — Chairman, Mrs. Anna Castle, 911 Delaware Ave., Wilmington. Vice-Chairman, Mary Cook, Delaware Hospital, Wilmington. Sec., Louise Pordham, 911 Delaware Ave., Wilmington. Treas., Kathryn Roth, 911 Delaware Ave., Wilmington.

American Red Cross Nursing Field Representative—Cecilia P. Houston, American Red Cross, Washington, D. C.

District of Columbia

Section on Public Health Nursing of District Nurses' Association — Chairman, Mary C. Connor. Sec., Charlotte Hasselbusch, 436 Evening Star Building, Washington.

District Department of Health — Child Welfare and Hygiene Service, Chief Nurse, Edith B. Aldridge, Washington.

District Tuberculosis Association Field Nurse—Grace V. Perry, 1022 Eleventh N. W., Washington, D. C.

Florida

Section on Public Health Nursing of State Nurses' Association — Chairman, Mrs. Inez M. Nelson, Box 271, Orlando. Sec., Mrs. Charles Freeman, 320 So. Peninsula Drive, Daytona Beach.

State Board of Health—Chief of Nursing Division, Clio McLaughlin, Jacksonville.

American Red Cross Nursing Field Representative—Ruth Mettinger, American Red Cross, Washington, D. C.

Georgia

State Organization for Public Health Nursing—Pres., Lillian M. Alexander, 801 City Hall, Atlanta. Sec., Mrs. Evelyn Richards, 801 City Hall, Atlanta. Treas., Evelyn Duggar, Metropolitan Nursing Service, 78 Ellis, N.E., Atlanta. Chairman of Membership Committee, Mrs. Cecil Greenwood, Tuberculosis Assn., 286 Forrest Ave., N.E., Atlanta.

American Red Cross Nursing Field Representative—Ruth Mettinger, American Red Cross, Washington, D. C.

State Tuberculosis Association Field Nurse—Ada M. Whyte, 282 Forrest Ave., N. E., Atlanta.

State Nurses' Association Paid Executive—Jane Van de Vrede, Executive Secretary, 131 Forrest Ave., N.E., Atlanta.

Idaho

American Red Cross Nursing Field Representative — Gladyce Badger, Civic Auditorium, Larkin and Grove Sts., San Francisco, Cal.

State Tuberculosis Association Field Nurse—Margaret Thomas, Idaho Anti-Tuberculosis Association, 320 Boise City National Bank Bldg., Boise.

Illinois

Section on Public Health Nursing of State Nurses' Association — Chairman, Jewel David, Public Health Nursing Service, Moline. Sec., Sophie V. Rosene, State Bank Bldg., Rock Island.

State Department of Public Health—Division of Child Hygiene and Public Health Nursing, Leone W. Ware, Chief Supervising Nurse, Springfield.

American Red Cross Nursing Field Representatives — Mrs. Barbara Fletcher (north) and Pearl Laptad (south), 1709 Washington Ave., St. Louis, Mo.

State Tuberculosis Association — Ruth Hendrickson, 516½ E. Monroe, Springfield.

Indiana

Section on Public Health Nursing of State Nurses' Association—Chairman, Hulda A. B. Cron, 120 S.E. First St., Evansville. Vice-Chairman, Grace Beatty, 429 N. Third Ave., Vincennes. Sec., Lulu V. Cline, 1219 Blaine Ave., South Bend.

State Board of Health—Division of Public Health Nursing, Director, Eva F. MacDougall, 6 State House Annex, Indianapolis.

American Red Cross Nursing Field Representative—Helen Bean, American Red Cross, Washington, D. C.

State Tuberculosis Association Field Nurses—Mrs. Anna E. Sims, Linnie E. Kugel, 1219–24 Meyer-Kiser Bank Bldg., Indianapolis.

State Nurses' Association Paid Executive—Eugenia Kennedy, 309 Traction Terminal Bldg., Indianapolis.

Iowa

Section on Public Health Nursing of State Association of Registered Nurses — Chairman, Marie Nelson, Fort Dodge. Sec., Minnie G. King, Box 37, Clinton.

State Department of Health — Edith S. Countryman, Director Public Health Nursing, State House, Des Moines.

American Red Cross Nursing Field Representative — Thora Ingbritson, 1709 Washington Ave., St. Louis, Mo.

State Tuberculosis Association Field Nurse—Edith S. Countryman, Director of Nursing Service, 518 Frankel Bldg., Des Moines.

Kansas

State Organization for Public Health Nursing (Not a branch of N.O.P.H.N.) Pres., E. Fredericka Beal, 1101 Taylor St., Topeka. Sec. and Treas., Lucille Thomas, Newton Public Health Nursing Association, Newton.

State Department of Health—E. Frederica Beal, Division of Child Hygiene, Topeka.

American Red Cross Nursing Field Representative — Linnie Beauchamp, 1709 Washington Ave., St. Louis, Mo.

State Tuberculosis Association Field Nurses—Mabel R. Marvin, Velma G. Long, 210 Crawford Bldg., Topeka.

Kentucky

State Organization for Public Health Nursing—Pres., L. Mae Hicks, 2705 W. Main St., Louisville. Sec., Hattie A. Porter, 227 N. Upper St., Lexington. Treas., Mrs. Myrtle Applegate, 2051 Sherwood Ave., Louisville. Chairman Membership Committee, Margaret East, State Board of Health, Louisville.

State Board of Health—Margaret L. East, Director Bureau of Public Health Nursing, 532 W. Main St., Louisville.

American Red Cross Nursing Field Representative—Margaret Diznev, American Red Cross, Washington, D. C.

State Tuberculosis Association Supervising Nurse—Margaret L. East, 532 West Main St., Louisville.

Louisiana

Section on Public Health Nursing of State Nurses' Association — Chairman, Maud Reid, Lake Charles. Sec., Emma Maurin, New Court House, New Orleans. Vice-Chairman, Anna Barr, Metropolitan Life Insurance Co., Marquette Bldg., New Orleans.

State Board of Health—Emma Maurin, Field Supervisor of Nurses, Bureau of Parish Health Administration, New Court House, New Orleans.

American Red Cross Nursing Field Representative—Margaret Dizney, American Red Cross, Washington, D. C.

Maine

Section on Public Health Nursing of State Nurses' Association — Chairman, Edith L. Soule, State Department of Health, Augusta. Vice-Chairman, Laura Knowlton, Vassalboro. Sec.-Treas., Una V. Clark, Melville St., Augusta.

State Department of Health—Edith L. Soule, Director of Public Health Nursing and Child Hygiene, Augusta.

American Red Cross Nursing Field Representative—Laura Knowlton, American Red Cross, Washington, D. C.

State Tuberculosis Association Field Nurse—Mrs. Theresa R. Anderson, Maine Public Health Association, 256 Water St., Augusta.

Maryland

State Organization for Public Health Nursing—Pres., M. G. Wesley, 4638 Keswick Rd., Baltimore. Sec., Grace B. Ridgaway, 704 Municipal Bldg., Baltimore. Treas., Dorothea Tag, 704 Municipal Bldg., Baltimore. Chairman Membership Committee, Mrs. Jane B. Laib, 704 Municipal Bldg., Baltimore.

American Red Cross Nursing Field Representatives — Cecilia Houston (east) and Marie Peterson (west), American Red Cross, Washington, D. C.

State Tuberculosis Association Field Nurse—Mattie M. Smith, 900 St. Paul St., Baltimore.

State Association Paid Executive—Sarah F. Martin, Executive Secretary, 1211 Cathedral St., Baltimore.

Massachusetts

State Organization for Public Health Nursing (Not a branch of N.O.P.H.N.) —Pres., Gertrude Peabody, Cambridge. 1st Vice-Pres., Katherine Peirce, Boston. 2nd Vice-Pres., Mrs. James W. Russell, Winchester. Sec., Mrs. Harold A. Marvin, Chestnut Hill. Treas., Marie Knowles, Boston.

State Department of Public Health—Division of Child Hygiene, Mary P. Billmeyer, Dept. Consultant in Public Health Nursing.

American Red Cross Nursing Field Representative—Mildred Whiting, American Red Cross, Washington, D. C.

State Nurses' Association Paid Executive—Helene G. Lee, 420 Boylston St., Boston.

Michigan

Section on Public Health Nursing of State Nurses' Association—Chairman, Georgia Reed, 138 Glendale Ave., Detroit. Sec., Alice Hull, City Tuberculosis Clinic, Grand Rapids.

State Department of Health—Bureau of Child Hygiene and Public Health Nurs-

ing, Assistant Director, Mrs. Helen deSpelder Moore, Lansing.
American Red Cross Nursing Field Representative — Mrs. Barbara Fletcher, 1709 Washington Ave., St. Louis, Mo.
State Tuberculosis Association Field Nurses—Beatrice Ferriby, Isabelle McChristie, 818 S. Chestnut St., Lansing; Mrs. Ethel W. Langenberg, 1321 Jerome St., Lansing.
State Nurses' Association Paid Executive Olive Sewell, Capitol Loan and Savings Bank Bldg., 118 E. Allegan St., Lansing.

Minnesota

State Organization for Public Health Nursing—Acting Pres., Helen C. Peck, 404 S. 8th St., Minneapolis. Sec., Jean Taylor, Room 244, Citizens Aid Bldg., Minneapolis. Treas., Margaret McGregor, 1003 Ivy St., St. Paul. Chairman of Membership Committee, Eleanor Mumford, 2433 Bryant, So. Minneapolis.
State Department of Health—Bureau of Child Hygiene, Superintendent of Public Health Nursing, Olivia T. Peterson, University Campus, Minneapolis.
American Red Cross Nursing Field Representative—Eleanor W. Mumford, 1709 Washington Ave., St. Louis, Mo.
State Tuberculosis Association Field Nurses—Edith Ross and Mabel Johnson, Minnesota Public Health Association, 11 West Summit Ave., St. Paul.
State Nurses' Association Paid Executive —Caroline M. Rankiellour, 148 Summit Ave., St. Paul.

Mississippi

Section on Public Health Nursing of State Nurses' Association — Chairman, Mary D. Osborne, Old Capitol Bldg., Jackson.
State Board of Health—Mary D. Osborne, Supervisor Public Health Nursing, and Maternal and Infant Hygiene, Jackson.
American Red Cross Nursing Field Representative — Margaret Dizney, American Red Cross, Washington, D. C.

Missouri

Section on Public Health Nursing of State Nurses' Association—Pres., Anna Heisler, School of Nursing, Washington University, St. Louis. Sec., Marie Brockman, 1010 Pine St., St. Louis.
State Board of Health—Pearl McIver, Supervisor of Public Health Nursing, Jefferson City.
American Red Cross Nursing Field Representative—Pearl Laptad, 1709 Washington Ave., St. Louis.
State Tuberculosis Association Field Nurse—Martha A. Sander, Missouri Tuberculosis Association, 2221 Locust St., St. Louis.

Montana

State Department of Health—Supervisor Public Health Nurses, Acting Director Child Welfare Division, Alma Wretling, Helena.
American Red Cross Nursing Field Representative—Bessie Nicoll, 1709 Washington Ave., St. Louis, Mo.
State Tuberculosis Association Field Nurse—Alta Walls, State House, Helena.
State Nurses' Association Paid Executive —Edith L. Brown, Box 928, Helena.

Nebraska

Section on Public Health Nursing of State Nurses' Association — Chairman, Agusta Eklund, Holdrege. Sec., Harriett Patterson, Seward.
American Red Cross Nursing Field Representative — Elizabeth Reynolds, 1709 Washington Ave., St. Louis, Mo.
State Tuberculosis Association Field Nurse — Edith Conry, Visiting Nurse Association, City Hall, Omaha.

Nevada

State Tuberculosis Association Field Nurses—Luciele A. Withers, P. O. Box 216, Las Vegas; Mrs. Ebba Bishop, P. O. Box 6, Reno.

New Hampshire

State Department of Health—Division of Maternity, Infancy and Child Hygiene, Mrs. Mary D. Davis, Supervising Nurse, State House, Concord.
State Board of Education—School Supervisor of Health, Elizabeth M. Murphy, State House, Concord.
American Red Cross Nursing Field Representative—Helen W. Gould, American Red Cross, Washington, D. C.

New Jersey

State Organization for Public Health Nursing—Pres., Mary E. Edgecomb, Englewood Hospital, Englewood. Rec. Sec., Edith Granger, 439 Main St., Orange. Corres. Sec., Hettie Seifert, Visiting Nurse Association, Elizabeth. Treas., Ruth Fisher, 515 Watchung Ave., Plainfield. Chairman Membership Committee, Arna Ewing, 292 Broad St., Newark.
State Department of Health—Bureau of Child Hygiene, Alice F. Boyer, Supervision of Child Hygiene Nurses and Administration, Trenton.
State Department of Public Instruction, Assistant in Health Education—Lula P. Dilworth, 1208 Trenton Trust Company Bldg., Trenton.
American Red Cross Nursing Field Representative—Mrs. Belle Wagner, American Red Cross, Washington, D. C.
State Nurses' Association Paid Executive—Arabelle Creech, 42 Bleecker St., Newark.

New Mexico

State Organization for Public Health Nursing—Pres., Ella Yeager, Roswell. Vice-Pres., Edna Schiernberg, Las Cruces. Sec.-Treas., Edith Hodgson, Santa Fe.

State Board of Health—Division of Child Hygiene and Public Health Nursing—*Appointment pending.*

American Red Cross Nursing Field Representative—Elizabeth Reynolds, 1709 Washington Ave., St. Louis, Mo.

New York

State Organization for Public Health Nursing—Pres., Marion Sheahan, State Department of Health, Albany. Sec., Dorothy Wise, Visiting Nurse Association, Syracuse. Treas., Mrs. Tessa M. Klein, 181 Franklin St., Buffalo. Chairman Membership Committee, Mrs. Catherine Johnson, 10 Second St., Gloversville.

State Department of Health—Division of Public Health Nursing, Director, Mathilde S. Kuhlman, Albany.

State Department of Education—Supervisors of School Nurses, Anna M. Neukom and Marie E. Swanson, State Education Bldg., Albany.

American Red Cross Nursing Field Representative—Mrs. Charlotte Heilman, American Red Cross, Washington, D. C.

State Tuberculosis Association Field Nurse—Mrs. Bessie P. Hanson, State Charities Aid Association, 105 East 22d St., New York.

State Nurses' Association Paid Executive—Emily J. Hicks, N. Y. State Nurses Association, 370 Seventh Ave., New York.

North Carolina

Section on Public Health Nursing of State Nurses' Association—Chairman, Marie Farley, Dept. of Health, Goldsboro. Vice-Chairman, Goldie Howell, Health Dept., Charlotte. Sec., Willie B. Fuller, General Nursing Council, Greensboro.

American Red Cross Nursing Field Representative—Mary DeLaskey, American Red Cross, Washington, D. C.

State Nurses' Association Paid Executive—Mary P. Laxton, Executive Secretary, 16 Howland Road, Asheville.

North Dakota

Section on Public Health Nursing of State Nurses' Association—Chairman, Mable Draxton, Wahpeton. Vice-Chairman, Margaret Skaarup, La Moure. Sec., Gene Johnson, Court House, Fargo.

American Red Cross Nursing Field Representative—Bessie Nicoll, 1709 Washington Ave., St. Louis, Mo.

Ohio

Section on Public Health Nursing of State Nurses' Association—Chairman, Mrs. Louise K. Tooker, 934 Clark St., Cincinnati. Vice-Chairman, Sue Z. McCracken, 1201 Cranford Ave., Lakewood. Sec., Anne M. Doyle, Public Health League, Hamilton.

State Health Department—Division of Public Health Nursing, Mrs. Zoe McCaleb, Chief, Pure Oil Bldg., Columbus.

American Red Cross Nursing Field Representative—Julia Groscop, American Red Cross, Washington, D. C.

State Nurses' Association Paid Executive—Mrs. Elizabeth P. August, Executive Secretary, 83 E. Gay St., Columbus.

Oklahoma

State Organization for Public Health Nursing—Pres., Pearl Wilson, 531 State Capitol Bldg., Oklahoma City. Sec., Blanche Eddy, 410 So. Cincinnati, Tulsa. Treas., Edna Ashenhurst, Batchelder Bldg., Oklahoma City. Chairman Membership Committee, Olive L. Conn, 531 State Capitol Bldg., Oklahoma City.

State Department of Public Health—Bureau of Maternity and Infancy, Supervising Nurse, Golda B. Slief, 526 State Capitol Bldg., Oklahoma City.

American Red Cross Nursing Field Representative—Etta Lee Gowdy, 1709 Washington Ave., St. Louis, Mo.

Oregon

State Organization for Public Health Nursing—Pres., Mildred Halvorsen, 303 Fitzpatrick Bldg., Portland. Sec., Ruth M. Boedefeld, 303 Fitzpatrick Bldg., Portland. Treas., Olive Oleson, 664 Lovejoy St., Portland. Chairman Membership Committe, Gwendolyn Johnston, 546 E. 16th St. N., Portland.

State Board of Health—Bureau of Public Health Nursing, Mrs. Glendora Blakely, State Advisory Nurse, Portland.

American Red Cross Nursing Field Representative—Gladyce Badger, Civic Auditorium, Larkin and Grove Sts., San Francisco, Cal.

State Tuberculosis Association Field Nurses—Margaret Gillis, Edna Flanagan, L. Grace Holmes, 310 Fitzpatrick Block, Portland.

Pennsylvania

State Organization for Public Health Nursing—Pres., Leslie Wentzel, Chamber of Commerce Bldg., Scranton. Sec., Winifred L. Moore, 218 E. Market St., York. Treas., Elizabeth Scarborough, 1340 Lombard St., Philadelphia. Chairman Membership Committee, Pearl Wardin, Kingston.

State Department of Health—Bureau of Nursing, Alice M. O'Halloran, Chief, Harrisburg.

State Department of Public Instruction—Supervisor of School Nursing, Mrs. Lois L. Owen, Commonwealth of Pennsylvania, Harrisburg.

American Red Cross Nursing Field Representatives—Cecilia P. Houston (east) and Marie Peterson (west), American Red Cross, Washington, D. C.

State Tuberculosis Association Field Nurse—Lilah L. Curry, Pennsylvania Tuberculosis Society, 311 S. Juniper St., Philadelphia.

State Nurses' Association Paid Executive—Esther Entriken, Executive Secretary, 400 N. Third St., Harrisburg.

Rhode Island

State Organization for Public Health Nursing—Pres., Sara A. Carroll, 118 N. Main St., Providence. Sec., Cecilia E. Walsh, 118 N. Main St., Providence. Treas., Agnes Davis, 895 Branch Ave., Providence. Chairman Membership Committee, Bertha E. Jutras, 118 N. Main St., Providence.

American Red Cross Nursing Field Representative—Mildred Whiting, American Red Cross, Washington, D. C.

South Carolina

Committee of Public Health Nursing of State Nurses' Association—Chairman, Nellie C. Cunningham, 1640 Green St., Columbia.

State Board of Health—Bureau of Child Hygiene and Public Health Nursing, Nellie C. Cunningham, Director, State Office Bldg., Columbia.

American Red Cross Nursing Field Representative—Mary DeLaskey, American Red Cross, Washington, D. C.

State Tuberculosis Association Field Nurses—Jennie McMaster, Julia Spratt, Theodosia Flud, 1218 Senate St., Columbia.

South Dakota

Section on Public Health Nursing of State Nurses' Association—Chairman, Anna C. Dailey, Webster. Vice-Chairman, Bessie Bridwell, Rapid City. Sec., Minerva Olsboe, Madison.

State Board of Health—Division of Child Hygiene, Florence E. Walker, Director of Public Health Nursing and Child Hygiene, Waubay.

American Red Cross Nursing Field Representative—Bessie Nicoll, 1709 Washington Ave., St. Louis, Mo.

Tennessee

Section on Public Health Nursing of State Nurses' Association—Chairman of Committee, Fannie W. Tittsworth, Knox Co. Health Unit, Knoxville. Sec., Donna Pierce, City Health Dept., Nashville.

State Department of Health—Malvinia G. Nisbet, State Supervisor of Nurses, War Memorial Bldg., Nashville.

American Red Cross Nursing Field Representative—Margaret Dizney, American Red Cross, Washington, D. C.

Texas

State Organization for Public Health Nursing—Pres., Katherine Hagquist, State Board of Health, Austin. Sec.-Treas., Mrs. Frances Gayle, 1203 W. Hinsoche Ave., San Antonio. Chairman Membership Committee, Emmeline J. Remis, 608 Bagby St., Houston.

State Board of Health—Bureau of Maternity and Child Hygiene, Katherine Hagquist, State Supervisor of Nurses, Austin.

American Red Cross Nursing Field Representative—Mrs. Myra Cloudman, 1709 Washington Ave., St. Louis.

State Tuberculosis Association Field Nurse—Jean M. Campbell, Texas Public Health Association, 616 Littlefield Bldg., Austin.

State Nurses' Association Paid Executive—A. Louise Dietrich, 1001 E. Nevada St., El Paso.

Utah

State Organization for Public Health Nursing—Pres., Mrs. Evalina Reed, Box 138, Provo. Sec., Alice Hubbard, 228 H St., Salt Lake City. Treas., Mrs. Afton M. Werick, 1213 Fourth Ave., Salt Lake City. Chairman Membership Committee, Evelyn C. Horton, Metropolitan Life Insurance Company, Newhouse Bldg., Salt Lake City.

State Tuberculosis Association—Executive Secretary, Ada T. Graham, 517 Vermont Bldg., Salt Lake City. Field Nurse, Tonetta Hanson, Temple Square Hotel, Salt Lake City.

Vermont

Section on Public Health Nursing of State Nurses' Association—Chairman, Lillie Young, Mutual Aid Association, Brattleboro.

State Board of Health—Nellie Jones, Maternity and Infancy Department, Burlington.

American Red Cross Nursing Field Representative—Helen W. Gould, American Red Cross, Washington, D. C.

Virginia

Section on Public Health Nursing of State Nurses' Association—Chairman, Irma Fortune, State Dept. of Health, Richmond. Sec., Ruth Morton, 221 So. Cherry St., Richmond.

State Board of Health—Nannie J. Minor, Director of Public Health Nursing, Richmond.

American Red Cross Nursing Field Representative—Alice Dugger, American Red Cross, Washington, D. C.

Washington

State Organization for Public Health Nursing—Pres., Frances Nordquist, 503 32d Ave., Seattle. Sec., Mrs. Edna Reynolds, 303 Public Safety Bldg., Seattle. Treas., Anna Carlson, Court House, Mt. Vernon. Chairman Membership Committee, Grace Coffman, Salvation Army Bldg., Tacoma.

State Department of Health—Division of Public Health Nursing and Child Hygiene, Mrs. Mary Louise Allen, Chief, 1509 Alaska Bldg., Seattle.

American Red Cross Nursing Field Representative — Gladyce Badger, Civic Auditorium, Larkin and Grove Sts., San Francisco, Cal.

State Nurses' Association Paid Executive —Cora E. Gillespie, Executive Secretary, 327 Cobb Bldg., Seattle.

West Virginia

Section on Public Health Nursing of State Nurses' Association—Chairman, Elizabeth C. Lowery, Logan. Vice-Chairman, Mrs. Wayne Welton Gadd, Charleston. Sec., Marion D. Bell, Marion County Health Unit, Fairmont.

State Department of Health, Field Advisory Nurses—Alice Britton, Edna M. Hardsaw, Charleston.

American Red Cross Nursing Field Representative — Julia Groscop, American Red Cross, Washington, D. C.

State Tuberculosis Association Field Nurse—Mary V. Gill, West Virginia Tuberculosis and Health Association, 910 Quarrier St., Charleston.

Wisconsin

Section on Public Health Nursing of State Nurses' Association — Chairman, Lena K. Schmidt, 22 N. Hancock, Madison. Sec., Ada Newman, 318 So. Henry St., Madison. Vice-Chairman, Sue Norman, Waukesha.

State Board of Health—Bureau of Public Health Nursing, Cornelia Van Kooy, Director of Public Health Nursing, Madison.

American Red Cross Nursing Field Representative — Eleanor Mumford, 1709 Washington Ave., St. Louis, Mo.

State Tuberculosis Association Field Nurses — Doris Kerwin, Ada Garvey, Irene Niland, Wisconsin Anti-Tuberculosis Association, 1018 N. Jefferson St., Milwaukee.

Wyoming

Public Health Nurses' Association (Not branch of N.O.P.H.N.)—Pres., Mrs. Mayme LeBlanc, 22d and Central Ave., Cheyenne. Vice-Pres., Mrs. Edith Craven, Buffalo. Sec.-Treas., Mrs. Frieda Bailey, 629 E. 11th St., Casper.

American Red Cross Nursing Field Representative — Elizabeth Reynolds, 1709 Washington Ave., St. Louis, Mo.

State Tuberculosis Association Field Nurses—Mrs. Bess McAvoy, Corrine Schenck, Box 637, Cheyenne.

TERRITORIAL POSSESSIONS

Hawaii

Territorial Board of Health — Mabel L. Smyth, Director of Maternal and Infant Hygiene Division, and Supervising Nurse, Honolulu.

Insular Tuberculosis Association—Stella S. Mathews, Director of Tuberculosis Nurses, Palama Settlement, 1361 Palama St., Honolulu.

Anti-Tuberculosis Association—Secretary, Mabel I. Wilcox, Lihue. Public Health Nurses: Ethel M. Greathouse, Florence B. Geyer. (*Information as of January 1, 1930.*)

Philippine Islands

American Red Cross Nursing Field Representative — Pansy Besom, American Red Cross, Manila.

Philippine Health Service—Public Health Nursing Division, Genera S. Manongdo, Chief Nurse, Manila. (*Information as of January 1, 1930.*)

Office of Public Welfare Commission—Socorro Salamanca Diaz, Superintendent of Nurses' Service, Manila. (*Information as of January 1, 1930.*)

Virgin Islands

American Red Cross Nursing Representative—Lucy Gillette, St. Croix.

Metropolitan Life Insurance Company Nursing Supervisors—Mrs. Helen C. La Malle, Supt. of Nursing, No. 1 Madison Ave., New York, N. Y.

Alice Bagley, Asst. Supt. of Nursing, 600 Stockton St., San Francisco, Cal.

Margaret E. Kearney, Asst. Supt. of Nursing, No. 1 Madison Ave., New York, N. Y.

Alice Ahern, Asst. Supt. of Nursing, 180 Wellington St., Ottawa, Ont., Canada.

Maude E. Steeves, Asst. Supt. of Nursing, No. 1 Madison Ave., New York, N. Y.

Territorial Supervisors and Territory

L. Carey Jones, 833 Hurt Building, Edgewood Ave., and Exchange Place, Atlanta, Ga.: No. Carolina, So. Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Virginia.

Isabelle Carruthers, 1319 Ambassador Bldg., St. Louis, Mo.: Missouri, Kansas, Oklahoma, Arkansas, Tennessee.

Ellen Atchison, 1142 Book Tower Bldg., Detroit, Mich.: Michigan, Wisconsin, Minnesota, Nebraska, Iowa.

Carolyn M. Hidden, 1107 Public Ledger Building, Philadelphia, Pa.: Pennsylvania.
Monica Moore, 1022 Essex Bldg., Newark, N. J.: New Jersey, Delaware, Maryland, District of Columbia.
Sara O'Meara, 1104 Home Savings Bank Bldg., 11 No. Pearl St., Albany, N. Y.: New York State (except Westchester County), Maine, New Hampshire, Vermont.
Mrs. Minnie Cunningham, 1007 Waterman Bldg., 44 School St., Boston, Mass.: Massachusetts, Connecticut, Rhode Island.
Ruth King, Room 1123, Chamber of Commerce Bldg., Cincinnati, Ohio: Ohio, Kentucky, West Virginia.
Irene McCullough, Room 601, Lake Michigan Bldg., 180 No. Michigan Ave., Chicago, Ill.: Illinois, Indiana.

Local Supervisors

Margaret Ledy, Nurse in Charge, West Jersey Land Title & Trust Co. Bldg., Camden, N. J.
Mary Harrigan, 210 Medical Arts Bldg., 277 Alexander St., Rochester, N. Y.
Grace Anderson, 635 Exchange Bldg., 130 Madison Ave., Memphis, Tenn.
Teresa O'Neil, Shorn Bldg., 148–15 Archer Ave., Jamaica, Long Island.
Anna Barr, 210 Baronne St., New Orleans, La.
Elsie Paisley, 811 Burwell Building, 602 So. Gay St., Knoxville, Tenn.
Emma Habenicht, 78 Ellis St., N. E., Atlanta, Ga.
Elizabeth Rohrbach, 1521 Maple Ave., Los Angeles, Cal.
Evelyn Horton, 410 Newhouse Bldg., Salt Lake City, Utah.
Mrs. Mae C. King, Room 605, 905 So. Pacific Ave., Tacoma, Wash.
Marguerite Taschereau, 3535 St. Catherine St., E., Montreal, Que.
Emily Fitzpatrick, Room 6, 39 St. John St., Quebec, Que.
Agnes Leahy, 89 East Fifth St., St. Paul, Minn.
Emma Rocque, Room 34, 484 McGill St., Montreal, Que.
Edna Lynch, Apt. 3, 4503 St. Denis St., Montreal, Que.
Irma Van Bockstaele, Room 105, 354 St. Catherine St., E., Montreal, Que.
Herminie Dupuis, Apt. 12, 4360 St. Denis St., Montreal, Que.

Field Supervisor

Matilda Johnson, Room 601, Lake Michigan Bldg., 180 No. Michigan Ave., Chicago, Ill.

Group Supervisor

Mary J. Horn, Room 1200, 134 No. LaSalle St., Chicago, Ill.

Educational Supervisor

Mary Dickerman, 26 Journal Square, Jersey City, N. J.

John Hancock Mutual Life Insurance Company—Nursing Supervisors:

Director, Sophie C. Nelson, Boston, Mass.
Assistant Director, Miriam Ames, Boston, Mass.
Assistant to the Director, Agnes V. Murphy, Boston, Mass.
Assistant to the Director, Katharine E. Peirce, Boston, Mass.
Local Supervisor, Helen U. Carew, Post Office Bldg., 92–30 Union Hall St., Jamaica, Long Island, N. Y.